| Case 16-04645 Doc 1                             | Filed 02/15/16                             | Entered 02/15/16 13:54:46 | Desc Main                          |
|---|--|---------------------------|------------------------------------|
| Fill in this information to identify your case: |  | age 1 of 66               |                                    |
| United States Bankruptcy Court for the:         |  |                           |                                    |
| Northern District of: Illinois (State)          |  |                           |                                    |
| Case number (if known)                          | Chapter you are filing under:              |                           |                                    |
|   | Chapter 7 Chapter 11 Chapter 12 Chapter 13 |                           | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself  |                                |   |
|----|---|--------------------------------|---|
|    |   | About Debtor 1:                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | _Ebony<br>First name           | First name                                    |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport | Middle name  Holiday Last name | Middle name  Last name                        |
|    | Bring your picture identification to your meeting with the trustee.   | Suffix (Sr., Jr., II, III)     | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you have used in the last 8 years   | First name                     | First name                                    |
|    | Include your married or maiden names.   | Middle name                    | Middle name                                   |
|    | maiuerrnames.   | Last name                      | Last name                                     |
|    |   | First name                     | First name                                    |
|    |   | Middle name                    | Middle name                                   |
|    |   | Last name                      | Last name                                     |
| 3. | Only the last 4 digits of your Social Security number or  | XXX - XX- <u>0981</u><br>OR    | XXX - XX                                      |
|    | federal Individual<br>Taxpayer<br>Identification<br>number (ITIN)   | 9 xx - xx-                     | 9 xx - xx-                                    |

Doc 1 Filed 02/11/5/16 Entered 02/415/116/113/54:46 Desc Main Debtor 1 Page 2 of 66 Document Print **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 8832 S Racine Number Street Number Street Illinois 60620 Chicago City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Ebony Case 16-04645 Doc 1 Filed 02/416/16 Entered 02/416/416 /4:3:54:46 Desc Main Document Document Page 3 of 66 Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for □ No. bankruptcy within the last 8 years? Yes. District Northern District of Illinois When 8/2/2012 Case number MM / DD / YYYY District When Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or District Case number, if known by an affiliate?

11. Do you rent your residence?

✓ No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

✓ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Ebony Case 16-04645 Doc 1 Filed 02/11/5/16 Entered 02/415/116/113/54:46 Desc Main Page 4 of 66 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

State

City

Zip Code

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Explain Your Efforts to Receive a Briefing About Credit Counseling

## 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: ✓ I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. that you developed with the agency. I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of completion. completion. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment plan, if any. plan, if any. I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. you to file this case. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

Active duty.

I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required

person, by phone, or through the internet, even after I reasonably tried to

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Doc 1 Filed 02/415/16 Entered 02/45/16/18:54:46 Desc Main Page 6 of 66 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ٦ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Ebony Holiday Signature of Debtor 2 Signature of Debtor 1 Executed on \_ 2/15/2016 Executed on MM / DD / YYYY MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brenda Likavec 27224-6     | 4          |          | Date | 2/15/2016      |  |
|--------------------------------|------------|----------|------|----------------|--|
| Signature of Attorney for Debt | or         |          |      | MM / DD / YYYY |  |
| Brenda Likavec 27224-64        |            |          |      |                |  |
| Printed name                   |            |          |      |                |  |
| Semrad Law Firm                |            |          |      |                |  |
| Firm name                      |            |          |      |                |  |
|                                | 20 S Clark |          |      |                |  |
| Number                         | Street     |          |      |                |  |
| 28th Floor                     |            |          |      |                |  |
| Chicago                        |            | Illinois |      | 60603          |  |
| City                           |            | State    |      | Zip Code       |  |
| Contact phone                  |            |          | E    | mail address   |  |

<u>Doc 1 Filed 02/15/16 Entered 02/1</u>5/16 13:54:46 Desc Main Fill in this information to identify your case: Debtor 1 Ebony Holiday First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$8,859.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$8,859.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$1,800.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$14.388.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$16,188.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$5,405.50 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$5,400.00

Debtor 1 Ebony Case 16-04645 Doc 1 Filed 02/41/5/16 Entered 02/41/5/16 / Desc Main

First Name Document Page 9 of 66

| Par         | t4: Answer These Questions for Administrative and Statistical Records  |                          |            |  |  |  |  |  |  |  |  |
|-------------|--|--------------------------|------------|--|--|--|--|--|--|--|--|
| 6.          | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |                          |            |  |  |  |  |  |  |  |  |
|             | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.   |                          |            |  |  |  |  |  |  |  |  |
|             | ✓ Yes.   |                          |            |  |  |  |  |  |  |  |  |
| 7. <b>\</b> | What kind of debt do you have?   |                          |            |  |  |  |  |  |  |  |  |
|             | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual prim family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. |                          |            |  |  |  |  |  |  |  |  |
|             | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. C this form to the court with your other schedules.  | heck this box and submit |            |  |  |  |  |  |  |  |  |
| 8.          | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Copy 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  | Official                 | \$4,906.00 |  |  |  |  |  |  |  |  |
| 9.          | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |                          |            |  |  |  |  |  |  |  |  |
|             | From Part 4 on Schedule E/F, copy the following:   | Total claim              |            |  |  |  |  |  |  |  |  |
|             | 9a. Domestic support obligations (Copy line 6a.)   | \$0.00                   |            |  |  |  |  |  |  |  |  |
|             | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00                   |            |  |  |  |  |  |  |  |  |
|             | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00                   |            |  |  |  |  |  |  |  |  |
|             | 9d. Student loans. (Copy line 6f.)   |                          |            |  |  |  |  |  |  |  |  |
|             | 9e. Obligations arising out of a separation agreement or divorce that you did not report as  |                          |            |  |  |  |  |  |  |  |  |
|             | priority claims. (Copy line 6g.)  9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$0.00                   |            |  |  |  |  |  |  |  |  |
|             | 9g. <b>Total.</b> Add lines 9a through 9f.   | \$0.00                   |            |  |  |  |  |  |  |  |  |

|  |  | Case 16-04645  | Doc 1   | Filed 02/15/16   | Entered 02/15   | /16 13:54:46   | Desc N                                     | Main  |
|--|--|--|---|--|---|--|--|---|
| Fill in this                           | informa                                | ation to identify your case:   |   |  | J   |  |  |   |
| Debtor 1                               |  | Ebony<br>First Name  | Middle I  | Holida<br>Name Last N  |   |  |  |   |
| Debtor 2<br>(Spouse, i                 | f filing)                              | First Name   | Middle I  | Name Last N  | lame  |  |  |   |
| United Sta                             | ates Ba                                | nkruptcy Court for the:  | Northern  | District of III  | _   |  |  |   |
| Case num                               | ber                                    |  |   | (3   | State)  |  |  |   |
| Officia                                | al Fo                                  | orm 106A/B   |   |  |   |  |  | Check if this is an amended filing                                |
| Sched                                  | dule                                   | A/B: Proper  | tv  |  |   |  |  | 12/1  |
| category we sponsib write your Part 1: | vhere y<br>le for s<br>name a<br>Desci | separately list and descrete think it fits best. Be supplying correct informand case number (if knowibe Each Residence thave any legal or equipment of the supplying the s | as complete and<br>nation. If more s<br>wn). Answer eve<br>e, Building, I | l accurate as possible. It<br>pace is needed, attach a<br>ery question.<br>_and, or Other Real | f two married people ar<br>a separate sheet to this<br>I Estate You Own c | e filing together, both<br>form. On the top of a<br>or Have an Interes | are equall<br>any additio                  | у   |
| <b>✓</b>                               | No. G                                  | o to Part 2  |   |  |   |  |  |   |
|  | Yes. V                                 | Vhere is the property?   |   | What is the property   | ? Check all that apply  | Do not deduct se   | ecured clain                               | ns or exemptions. Put   |
| 1.1                                    | Street                                 | address, if available, or o  | ther description  | Single-family home Duplex or multi-unit  |   | the amount of ar   | ny secured c                               | laims on Schedule D:<br>s Secured by Property.                    |
|  |  |  |   | Condominium or co  | operative   | Current value<br>entire property                                       |  | urrent value of the ortion you own?                               |
|  | Numb                                   | er Street<br>State   | Zip Code  | Land Investment property Timeshare Other   |   | Describe the na interest (such a the entireties, o                     | as fee simp                                | le, tenancy by  |
|  |  |  |   | Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the d                           | lebtors and another u wish to add about thi                               | (see instru  |  | nunity property   |
| If you                                 | own or l                               | nave more than one, list he  | ere.  | property identificatio   | n number:   |  |  |   |
| 1.2                                    | Street                                 | address, if available, or o  | ther description  | What is the property' Single-family home Duplex or multi-unit Condominium or co                | t building  | the amount of ar   | ny secured contains  Have Claims  of the C | ns or exemptions. Put laims on Schedule D: s Secured by Property. |
|  | Numb                                   | er Street  |   | Manufactured or mo   | obile home  | Describe the nainterest (such a  | ature of yo                                |   |
|  | City                                   | State  | Zip Code  | Timeshare<br>Other   |   | the entireties, o  |  |   |
|  |  |  |   | Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the d                           | lebtors and another u wish to add about thi                               | (see instru  |  | nunity property   |

| Debtor 1                | Ebony Case 16-04645 Doc 1 First Name Middle Name   | Filed 02415/16 Entered 02/15/16<br>Document Page 11 of 66  | 6/14:34:46 Des  | c Main   |
|-------------------------|--|--|---|--|
| 1.3<br>Stre             | et address, if available, or other description   | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | Do not deduct secured of the amount of any secure Creditors Who Have Cla Current value of the entire property?            | •  |
| Nun<br>City             |  | Land Investment property Timeshare Other   | Describe the nature of interest (such as fee sittle entireties, or a life   | mple, tenancy by   |
|                         |  | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another   | Check if this is con (see instructions)   | mmunity property   |
|                         |  | Other information you wish to add about this item, property identification number:  all of your entries from Part 1, including any entries from Part 1.  | or pages  |  |
| Do you ov<br>you own th | at someone else drives. If you lease a vehicle, al<br>ns, trucks, tractors, sport utility vehicles, motorc | in any vehicles, whether they are registered or not? Ir<br>so report it on Schedule G: Executory Contracts and Unexp<br>ycles  |   |  |
| Yes 3.1                 | Make Model: Year: Approximate mileage: Other information:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? |  |
| 3.2                     | Make Model: Year: Approximate mileage: Other information:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | the amount of any secure  | laims or exemptions. Put ed claims on Schedule D: eims Secured by Property.  Current value of the portion you own? |
|                         |  | Check if this is community property (see   |   |  |

| btor 1 | Ebony Case 16-04645 Doc 1   | Filed 02/41/5/16 Entered 02/41/5/16   | 6/14&3√54: <u>46 Des</u>  | <u>c Main</u>   |  |
|--------|---|---|---|---|--|
|        | First Name Middle Name  | Document Page 12 of 66  |   |   |  |
| 3.3    |   | Who has an interest in the property? Check  |   | laims or exemptions. Put  |  |
|        | Model:  | one.  | the amount of any secured claims on Schedule D:   |   |  |
|        | Year:   | Debtor 1 only   | Creditors Who Have Cla  | nims Secured by Property.   |  |
|        | Approximate mileage:  | Debtor 2 only   | Current value of the  | Current value of the  |  |
|        | Other information:  | Debtor 1 and Debtor 2 only  | entire property?  | portion you own?  |  |
|        |   | At least one of the debtors and another   |   |   |  |
|        |   | Check if this is community property (see  |   |   |  |
|        |   | instructions)   |   |   |  |
| 3.4    | Make  | Who has an interest in the property? Check  | Do not deduct secured c   | laims or exemptions. Put  |  |
|        | Model:  | one.  | the amount of any secure  | ed claims on Schedule D:  |  |
|        | Year:   | Debtor 1 only   | Creditors Who Have Claims Secured by Property   |   |  |
|        | Approximate mileage:  | Debtor 2 only   | Current value of the  | Current value of the  |  |
|        | Other information:  | Debtor 1 and Debtor 2 only  | entire property?  | portion you own?  |  |
|        |   | At least one of the debtors and another   |   |   |  |
|        |   |   |   |   |  |
|        |   | Check if this is community property (see  |   |   |  |
| Exa    | imples: Boats, trailers, motors, personal watercra  | instructions)  ner recreational vehicles, other vehicles, and accessorit, fishing vessels, snowmobiles, motorcycle accessories  |   |   |  |
| Exa    | nmples: Boats, trailers, motors, personal watercra  No  Yes  Make   | instructions)  ner recreational vehicles, other vehicles, and accessories  ft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check   | Do not deduct secured c   | laims or exemptions. Put  |  |
| Exa    | nmples: Boats, trailers, motors, personal watercra  No  Yes  Make  Model:   | instructions)  ner recreational vehicles, other vehicles, and access off, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.   | Do not deduct secured count the amount of any secure  | ed claims on <i>Schedule D:</i>   |  |
| Exa    | Imples: Boats, trailers, motors, personal watercra  No Yes  Make Model: Year:                                     | instructions)  ner recreational vehicles, other vehicles, and accessories  ft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check   | Do not deduct secured count the amount of any secure  | •   |  |
| Exa    | Imples: Boats, trailers, motors, personal watercra  No  Yes  Make  Model:   | instructions)  ner recreational vehicles, other vehicles, and access off, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.   | Do not deduct secured count the amount of any secure  | ed claims on <i>Schedule D:</i>   |  |
| Exa    | Imples: Boats, trailers, motors, personal watercra  No Yes  Make Model: Year:                                     | instructions)  ner recreational vehicles, other vehicles, and accessorite, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only   | Do not deduct secured countries the amount of any secure Creditors Who Have Cla   | ed claims on <i>Schedule D:</i><br>nims Secured by Property.  |  |
| Exa    | Mo Yes Make Model: Year: Approximate mileage:   | instructions)  ner recreational vehicles, other vehicles, and access ift, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only  | Do not deduct secured of the amount of any secure Creditors Who Have Cla  | ed claims on Schedule D:<br>nims Secured by Property.<br>Current value of the   |  |
| Exa    | Mo Yes Make Model: Year: Approximate mileage:   | instructions)  ner recreational vehicles, other vehicles, and accessorite, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured of the amount of any secure Creditors Who Have Cla  | ed claims on Schedule D:<br>nims Secured by Property.<br>Current value of the   |  |
| 4.1    | Mo Yes Make Model: Year: Approximate mileage:   | instructions)  ner recreational vehicles, other vehicles, and accessority, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see  | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?   | ed claims on Schedule D:<br>nims Secured by Property.<br>Current value of the   |  |
| 4.1    | Month Make Model: Year: Approximate mileage: Other information:   | instructions)  ner recreational vehicles, other vehicles, and accessift, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)   | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure  | ed claims on Schedule D: hims Secured by Property.  Current value of the portion you own?  daims or exemptions. Put ed claims on Schedule D:  |  |
| 4.1    | Make Model: Approximate mileage:  Other information:  Make Model: Year:  Approximate mileage:  Other information: | instructions)  ner recreational vehicles, other vehicles, and accessift, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check                                   | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure  | ed claims on Schedule D: hims Secured by Property.  Current value of the portion you own?  daims or exemptions. Put ed claims on Schedule D:  |  |
| 4.1    | Make Model: Other information:  Make Model: Make Model: Model: Model: Model: Model: Model: Model: Model: Model:   | instructions)  ner recreational vehicles, other vehicles, and accessorite, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.                            | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Classifications                     | ed claims on Schedule D: nims Secured by Property.  Current value of the portion you own?  daims or exemptions. Put ed claims on Schedule D: nims Secured by Property.                        |  |
| 4.1    | Make Model: Approximate mileage:  Other information:  Make Model: Year:  Approximate mileage:  Other information: | instructions)  ner recreational vehicles, other vehicles, and access aft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only          | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure  | ed claims on Schedule D: hims Secured by Property.  Current value of the portion you own?  daims or exemptions. Put   |  |
| 4.1    | Make Model: Approximate mileage:  Make Model: Year: Approximate mileage:  Make Model: Year: Approximate mileage:  | instructions)  ner recreational vehicles, other vehicles, and accessift, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only  | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the |  |
| 4.1    | Make Model: Approximate mileage:  Make Model: Year: Approximate mileage:  Make Model: Year: Approximate mileage:  | instructions)  ner recreational vehicles, other vehicles, and accessift, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  claims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the |  |

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**Describe Your Personal and Household Items** 

| D                       | o you own or ha  | ave any legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|-------------------------|--|--|--|
|                         | 6. Household goods   |  |  |
|                         | Examples: Major app  | liances, furniture, linens, china, kitchenware   |  |
| L                       | No   |  |  |
| ✓                       | Yes. Describe  | Furniture  | \$1000.00  |
|                         | •  | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music s; electronic devices including cell phones, cameras, media players, games   |  |
| $\overline{\mathbf{V}}$ | No   |  |  |
|                         | Yes. Describe  |  |  |
|                         | stamp, co  | ue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles |  |
|                         | Yes. Describe  |  |  |
|                         | and kayak  | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments                    |  |
| $\leq$                  |  |  |  |
|                         | Yes. Describe  |  |  |
|                         | O. Firearms Examples: Pistols, rifl No Yes. Describe               | es, shotguns, ammunition, and related equipment  |  |
|                         | 1. Clothes Examples: Everyday                                      | clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| <b>✓</b>                | Yes. Describe  | Used Clothing  |  |
|                         | gold, silve  | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |  |
| $\leq$                  | No   |  |  |
| L                       | Yes. Describe  |  |  |
|                         | 3. Non-farm animals<br>Examples: Dogs, cats<br>No<br>Yes. Describe |  |  |
| 1                       | 4. Any other person  | nal and household items you did not already list, including any health aids you did not list   |  |
| <b>✓</b>                | No   |  |  |
|                         | Yes. Describe  |  |  |
| 4                       | 5 Add the dollar va  | lue of all of your entries from Part 3, including any entries for pages you have attached  |  |
|                         |  | number here  | \$1000.00  |

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**Describe Your Financial Assets** 

| Do  | you own or have a                                 | ny legal or equitable inte                                    | rest in any of the following   | g?                           | portion you own? Do not deduct secured claims or exemptions. |
|-----|---|---|--|------------------------------|--|
|     | ✓ No  | in your wallet, in your home, in a sa                         | afe deposit box, and on hand when yo   | ou file your petition  Cash: |  |
| 17. |   |   | certificates of deposit; shares in creating with the same institution, list each |                              |  |
|     | ☐ No ✓ Yes  |   | Institution name:  |                              |  |
|     |   | 17.1. Checking account:                                       | Chase  |                              | \$900.00   |
|     |   | 17.2. Checking account:                                       |  |                              |  |
|     |   | 17.3. Savings account:  | Chase  |                              | \$600.00   |
|     |   | 17.4. Savings account:  |  |                              |  |
|     |   | 17.5. Certificates of deposit:                                |  |                              |  |
|     |   | 17.6. Other financial account:                                |  |                              |  |
|     |   | 17.7. Other financial account:                                |  |                              |  |
|     |   | 17.8. Other financial account:                                | -  |                              |  |
|     |   | 17.9. Other financial account:                                |  |                              |  |
| 18. | Examples: Bond funds, in                          | or publicly traded stocks<br>vestment accounts with brokerage | firms, money market accounts   |                              |  |
|     | ✓ No ☐ Yes  | Institution or issuer name:                                   |  |                              |  |
|     |   |   |  |                              |  |
| 40  |   |   |  |                              |  |
| 19. | Non-publicly traded sto<br>an LLC, partnership, a | -   | ed and unincorporated business   | es, including an interest in |  |
|     | <b>✓</b> No                                       | N   |  |                              |  |
|     | Yes. Give specific information about them         | Name of entity  |  | % of ownership:              |  |
|     |   |   |  |                              |  |
|     |   |   |  |                              |  |

| Deb | First Name  |   | 4.40 Desc Main |  |  |  |  |  |  |  |  |  |
|-----|---|---|----------------|--|--|--|--|--|--|--|--|--|
| 20. | Government and corpo  | Documative Page 15 of 66  Documate bonds and other negotiable and non-negotiable instruments  |                |  |  |  |  |  |  |  |  |  |
|     | Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. |   |                |  |  |  |  |  |  |  |  |  |
|     | Non-negotiable instrume   | ents are those you cannot transfer to someone by signing or delivering them.  |                |  |  |  |  |  |  |  |  |  |
|     | =   |   |                |  |  |  |  |  |  |  |  |  |
|     | Yes. Give specific information about  | Issuer name:  |                |  |  |  |  |  |  |  |  |  |
|     | them  |   |                |  |  |  |  |  |  |  |  |  |
|     |   |   | 5.2            |  |  |  |  |  |  |  |  |  |
|     |   |   |                |  |  |  |  |  |  |  |  |  |
| 21. | Retirement or pension   |   |                |  |  |  |  |  |  |  |  |  |
|     |   | RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing pla   | ans            |  |  |  |  |  |  |  |  |  |
|     | ✓ No  Yes. List each  | Type of account: Institution name:  |                |  |  |  |  |  |  |  |  |  |
|     | account separately.   | 401(k) or similar plan:   |                |  |  |  |  |  |  |  |  |  |
|     |   | Pension plan:   |                |  |  |  |  |  |  |  |  |  |
|     |   | IRA:  |                |  |  |  |  |  |  |  |  |  |
|     |   | Retirement account:   |                |  |  |  |  |  |  |  |  |  |
|     |   | Keogh:  | <u></u>        |  |  |  |  |  |  |  |  |  |
|     |   | Additional account:   |                |  |  |  |  |  |  |  |  |  |
|     |   | Additional account:   |                |  |  |  |  |  |  |  |  |  |
| 22. | Security deposits and p   |   |                |  |  |  |  |  |  |  |  |  |
|     |   | deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications |                |  |  |  |  |  |  |  |  |  |
|     | companies, or others  | with failured by property forth, public diffices (closure, gas, water), telescrimations   |                |  |  |  |  |  |  |  |  |  |
|     | <b>✓</b> No   | Institution name:   |                |  |  |  |  |  |  |  |  |  |
|     | Yes   | Electric:   |                |  |  |  |  |  |  |  |  |  |
|     |   | Gas:  |                |  |  |  |  |  |  |  |  |  |
|     |   | Heating oil:  |                |  |  |  |  |  |  |  |  |  |
|     |   | Security deposit on rental unit:  |                |  |  |  |  |  |  |  |  |  |
|     |   | Prepaid rent:   |                |  |  |  |  |  |  |  |  |  |
|     |   | Telephone:  |                |  |  |  |  |  |  |  |  |  |
|     |   | Water:  |                |  |  |  |  |  |  |  |  |  |
|     |   | Rented furniture:   |                |  |  |  |  |  |  |  |  |  |
|     |   |   |                |  |  |  |  |  |  |  |  |  |
|     |   | Other:  |                |  |  |  |  |  |  |  |  |  |
| 23. | Annuities (A contract for No  | or a periodic payment of money to you, either for life or for a number of years)  |                |  |  |  |  |  |  |  |  |  |
|     | Yes   | Issuer name and description:  |                |  |  |  |  |  |  |  |  |  |
|     |   |   |                |  |  |  |  |  |  |  |  |  |
|     |   |   |                |  |  |  |  |  |  |  |  |  |
|     |   |   |                |  |  |  |  |  |  |  |  |  |

| Debt | or 1     | Ebony C<br>First Name                  | <u>Case</u> | 16-    | 04645                        | Doc<br>Middle Na |         |              | 02/11/5/11      |           | <u>Entered</u>                  | @43ÿ54: <u>46</u>   | De            | sc Main  |
|------|----------|--|-------------|--------|------------------------------|------------------|---------|--------------|-----------------|-----------|---------------------------------|---------------------|---------------|--|
| 24.  |          |  |             |        | on IRA, in a<br>29A(b), and  |                  |         | a qualifie   | d ABLE prog     | ,<br>gram | n, or under a qualified state   | tuition program.    |               |  |
|      |          | No<br>Yes                              | Institu     | ution  | name and c                   | descriptior      | n. Sep  | arately file | e the records o | of an     | ny interests.11 U.S.C. § 521(c  | ):                  |               |  |
| 25.  | exe      | rcisable<br>No                         | for you     | r ber  |                              | sts in pro       | perty   | (other th    | an anything     | liste     | ed in line 1), and rights or p  | powers              |               |  |
| 26.  | Pate     | Yes. De                                |             |        | demarks, t                   | rade sec         | rets,   | and othe     | r intellectual  | proj      | perty                           |                     |               |  |
|      | Еха      |  | ternet do   | omaiı  |                              |                  |         |              |                 |           | ing agreements                  |                     |               |  |
| 27.  |          |  |             |        | nd other ge<br>ts, exclusive |                  |         |              | ssociation hol  | ding      | gs, liquor licenses, profession | al licenses         |               |  |
|      |          | No<br>Yes. De                          | scribe      |        |                              |                  |         |              |                 |           |                                 |                     |               |  |
| Mor  | iey (    | or prop                                | oerty o     | owe    | d to you                     | ?                |         |              |                 |           |                                 |                     | <b>p</b><br>D | urrent value of the ortion you own? o not deduct secured aims or exemptions. |
| 28.  | Tax      | refunds                                | owed to     | you    | ı                            |                  |         |              |                 |           |                                 |                     |               | ·  |
|      |          | No                                     |             |        |                              |                  |         |              |                 |           |                                 |                     |               |  |
|      | <b>✓</b> | Yes. Give                              |             |        | rmation<br>uding wheth       |                  | Anticip | ated 2015    | 5 Tax           |           |                                 | Federal:            |               | \$2000.00  |
|      |          | you                                    | already     | filed  | the returns                  |                  |         |              |                 |           |                                 | State:              |               |  |
|      |          |  |             | years  | 5                            |                  |         |              |                 |           |                                 | Local:              |               |  |
| 29.  |          | i <b>ily supp</b><br><i>npl</i> es: Pa |             | r lum  | p sum alimo                  | ony, spous       | sal sup | port, child  | d support, mair | nten      | ance, divorce settlement, prop  | perty settlement    |               |  |
|      |          | No                                     |             |        |                              |                  |         |              |                 |           |                                 | A I:                |               |  |
|      | ∐ ,      | Yes. Give                              | e specific  | c info | rmation                      |                  |         |              |                 |           |                                 | Alimony:            |               |  |
|      |          |  |             |        |                              |                  |         |              |                 |           |                                 | Maintenance:        |               |  |
|      |          |  |             |        |                              |                  |         |              |                 |           |                                 | Support:            |               |  |
|      |          |  |             |        |                              |                  |         |              |                 |           |                                 | Divorce settlement  | :             |  |
|      |          |  |             |        |                              | L                |         |              |                 |           |                                 | Property settlement | t:            |  |
|      |          | <i>nples:</i> Un                       | paid wa     | iges,  | -                            | surance p        |         |              | -               | ick p     | oay, vacation pay, workers' con | npensation,         |               |  |
|      | _        |  | ocial Sec   | curity | benefits; un                 | paid Ioans       | s you i | made to s    | omeone else     |           |                                 |                     |               |  |
|      |          | No<br>No Doo                           | avib -      | _      |                              |                  |         |              |                 |           |                                 |                     | _             |  |
|      | ш        | Yes. Des                               | cribe       |        |                              |                  |         |              |                 |           |                                 |                     |               |  |

| Debt | tor 1    | Ebony Case 16 First Name   | 6-04645           | Doc 1<br>Middle Name | Filed 02/11/5/16 Document                             | <u>Entered</u> @2/415/6<br>Page 17 of 66 | L6∂L3ù54: <u>46 D</u>      | esc Main   |
|------|----------|--|-------------------|----------------------|---|--|----------------------------|--|
| 31.  |          | rests in insurance  <br>mples: Health, disabi  |                   | rance; health        |   | edit, homeowner's, or renter             | 's insurance               |  |
|      |          | No<br>Yes. Name the insura<br>of each policy and lis   | . ,               |                      | Company name:   |  | Beneficiary:               | Surrender or refund value:   |
| 32.  | If you   |  | of a living trust |                      | neone who has died<br>eeds from a life insurance p    | policy, or are currently entitle         | d to receive               |  |
| 33.  | Exar     |  |                   |                      | have filed a lawsuit or moce claims, or rights to sue | ade a demand for paymer                  | nt                         |  |
| 34.  | to so    | er contingent and of the contingent and of t | unliquidated      | claims of ev         | ery nature, including cou                             | unterclaims of the debtor                | and rights                 |  |
| 35.  | <b>✓</b> | financial assets yo No Yes. Describe   | u did not alre    | ady list             |   |  |                            |  |
| 36.  |          |  | -                 |                      |   | es for pages you have att                |                            | \$3500.00  |
| Part | 5:       | Describe Any B   | Business-Ro       | elated Pro           | perty You Own or Ha                                   | ave an Interest In. Lis                  | st any real estate ii      | n Part 1.  |
| 37.  | Do y     | ou own or have an  | ıy legal or equ   | uitable intere       | st in any business-relate                             | d property?                              |                            |  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.   |                   |                      |   |  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | <b>✓</b> | ounts receivable or<br>No<br>Yes. Describe   | commissions       | s you alread         | / earned  |  |                            |  |
| 39.  |          | ce equipment, furn<br>nples: Business-rela   |                   |                      | odems, printers, copiers, fa                          | x machines, rugs, telephone              | s, desks, chairs, electron | ic devices   |
|      |          | No<br>Yes. Describe  |                   |                      |   |  |                            |  |

| Deb   | tor 1 Ebony Case IC                  | 0-04045 DUCI FILEU OZNADANO ETILETEU WZSELTOWNEO (ILKOW  | 94. <u>40 Desc Main</u>               |
|-------|--------------------------------------|--|---------------------------------------|
| 40.   | First Name  Machinery, fixtures, equ | Middle Name Documatination Page 18 of 66 uipment, supplies you use in business, and tools of your trade  |                                       |
|       | <b>✓</b> No                          |  |                                       |
|       | Yes. Describe                        |  |                                       |
| 41.   | Inventory                            |  |                                       |
|       | ✓ No                                 |  |                                       |
|       | Yes. Describe                        |  |                                       |
| 42.   | Interests in partnershi              | ps or joint ventures   |                                       |
|       | ✓ No                                 | Name of ontitue  | morphin                               |
|       | Yes. Give specific                   | Name of entity: % of ow  | rnership:                             |
|       | information about<br>them            |  |                                       |
|       | ulom                                 |  |                                       |
| 40.4  |                                      |  |                                       |
| 43. ( | _                                    | lists, or other compilations   |                                       |
|       | ✓ No                                 |  |                                       |
|       | Yes. Do your lists inc               | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?                          |                                       |
|       | ☐ No                                 |  |                                       |
|       | Yes. Descri                          | be   |                                       |
| 44.   | Any business-related p               | roperty you did not already list   |                                       |
|       | <b>✓</b> No                          |  |                                       |
|       | Yes. Give specific                   |  |                                       |
|       | information                          |  |                                       |
|       |                                      | <u> </u>   |                                       |
|       |                                      |  |                                       |
|       |                                      |  |                                       |
|       |                                      |  |                                       |
|       |                                      |  |                                       |
| 15. A | dd the dollar value of al            | l of your entries from Part 5, including any entries for pages you have attached                         |                                       |
| or P  | art 5. Write that number             | here   | <b>&gt;</b>                           |
| Part  |                                      | arm- and Commercial Fishing-Related Property You Own or Have ar interest in farmland, list it in Part 1. | Interest In.                          |
| 46.   | Do you own or have a                 | ny legal or equitable interest in any farm- or commercial fishing-related property?                      |                                       |
|       | ✓ No. Go to Part 7.                  |  | Current value of the portion you own? |
|       | Yes. Go to line 47.                  |  | Do not deduct secured                 |
|       |                                      |  | claims or exemptions                  |
| 47.   |                                      | the form rained fich   |                                       |
|       | Examples: Livestock, pou             | iluy, rarm-raised fish   |                                       |
|       | ✓ No  Yes. Describe                  |  |                                       |
|       | 103. Describe                        |  |                                       |

| Deb          | tor 1 Ebony Case 1 First Name                            | 6-04645           | Doc 1<br>Middle Name | Filed 02/115/16 Document  | Entered 02/<br>Page 19 of 6 | વા <b>5/1⊾6</b> ⁄1ા&3ં√54: <u>46</u><br>6 | Desc   | <u>Main</u> |
|--------------|--|-------------------|----------------------|---------------------------|-----------------------------|---|--------|-------------|
| 48.          | Crops-either growing                                     | or harvested      |                      | Doddinone                 | 1 ago 10 01 0               |   |        |             |
|              | <b>✓</b> No  |                   |                      |                           |                             |   |        |             |
|              | Yes. Describe  |                   |                      |                           |                             |   |        |             |
| 49.          | Farm and fishing equ                                     | ipment, impler    | ments, mach          | inery, fixtures, and tool | s of trade                  |   |        |             |
|              | <b>✓</b> No  |                   |                      |                           |                             |   |        |             |
|              | Yes. Describe  |                   |                      |                           |                             |   |        |             |
| 50.          | Farm and fishing sup                                     | plies, chemica    | ls, and feed         |                           |                             |   |        |             |
|              | <b>✓</b> No  |                   |                      |                           |                             |   |        |             |
|              | Yes. Describe  |                   |                      |                           |                             |   |        |             |
| 51.          | Any farm- and comme<br>Examples: Livestock, po           |                   |                      | rty you did not already l | ist                         |   |        |             |
|              | ✓ No   |                   |                      |                           |                             |   |        |             |
|              | Yes. Describe  |                   |                      |                           |                             |   |        |             |
|              |  |                   |                      |                           |                             |   |        |             |
|              |  | -                 |                      | 6, including any entries  |                             |   | -      |             |
| 1011         | art o. Write that number                                 | 11616             |                      |                           |                             |   |        |             |
|              |  |                   |                      |                           |                             |   |        |             |
| Part         | 7: Describe All Pi                                       | operty You        | Own or Ha            | ave an Interest in T      | hat You Did Not             | List Above                                |        |             |
| 53.          | Do you have other pro                                    |                   |                      | not already list?         |                             |   |        |             |
|              | No No  | s, country club i | nembership           |                           |                             |   |        |             |
|              | Yes. Give specific                                       |                   |                      |                           |                             |   |        |             |
|              | information  |                   |                      |                           |                             |   |        |             |
|              |  |                   |                      |                           |                             |   |        |             |
|              |  |                   |                      |                           |                             |   |        |             |
| 54. A        | dd the dollar value of a                                 | ll of your entri  | es from Part         | 7. Write that number he   | ere                         |   |        |             |
|              |  |                   |                      |                           |                             |   | _      |             |
|              |  |                   |                      |                           |                             |   |        |             |
| Part         | 8: List the Totals                                       | of Each Pa        | rt of this F         | orm                       |                             |   |        |             |
| 55. <b>F</b> | Part 1: Total real estate,                               | line 2            |                      |                           |                             |   |        |             |
| EC           | oart 2 total vehicles !!                                 | . F               |                      |                           |                             |   |        |             |
| 1            | oart 2 total vehicles, lind<br>Part 3: Total personal ar |                   | items line 15        |                           |                             |   |        |             |
|              | art 4: Total financial as                                |                   | itorrio, imo re      | <del>φ1000.0</del>        |                             |   |        |             |
|              |  |                   |                      | \$3500.0                  | 0                           |   |        |             |
|              | Part 5: Total business-r                                 |                   |                      |                           |                             |   |        |             |
|              | Part 6: Total farm- and                                  | •                 |                      | ne 52<br>                 |                             |   |        |             |
| 61. <b>F</b> | Part 7: Total other prop                                 | erty not listed,  | , line 54            |                           |                             | -   | ,      |             |
| 62. 1        | Total personal property                                  | Add lines 56 th   | rough 61             | \$4500.0                  | 0                           |   |        | + \$4500.00 |
|              |  |                   |                      |                           |                             | Copy personal property to                 | otal ▶ |             |
|              |  |                   |                      |                           |                             |   |        | \$4500.00   |
| 63. <b>T</b> | otal of all property on S                                | Schedule A/B.     | Add line 55 +        | line 62                   |                             |   |        |             |

| Fill i                                      | n this inform  | Case 16-04645 ation to identify your case:  | Doc 1 Filed 02  | /15/16 Entered 02/   | 15/16 13:54:46   | Desc Main   |
|---|--|---|---|--|--|---|
|   | otor 1   | Ebony<br>First Name   | Middle Name   | Holiday Last Name  |  |   |
|   | otor 2<br>ouse, if filing  | First Name  | Middle Name   | Last Name  |  |   |
| Unit  | ed States Ba   | ankruptcy Court for the:  | Northern  | District of Illinois (State)   |  |   |
|   | e number<br>nown)  |   |   | (0.0.0)  |  |   |
| Of  | ficial F   | Form 106C   |   |  |  | Check if this is a amended filing   |
| Sc  | hedul  | e C: The Prop   | erty You Claim  | as Exempt  |  | 12/1  |
| For<br>s to<br>exer<br>rece<br>exer<br>prop | each item o state a s mpted up eive certa mption of perty is d  **Item Ident Which set  **You ai  **You ai | n of property you claspecific dollar amount to the amount of all in benefits, and tax if 100% of fair marke etermined to exceed the property You of exemptions are you are claiming state and federal exemptions. | nt as exempt. Alternationly applicable statutory exempt retirement functivalue under a law that dithat amount, your exempt claiming? Check one only, even I nonbankruptcy exemptions. 17 pps. 11 U.S.C. § 522(b)(2) | ust specify the amount of vely, you may claim the for limit. Some exemptions and semay be unlimited in the limits the exemption to emption would be limited the limit of the l | full fair market valus—such as those for dollar amount. Ho a particular dollar d to the applicable | r health aids, rights to<br>wever, if you claim an<br>amount and the value of the |
|   | Brief desc   | ription of the property a<br>hedule A/B that lists this   | nd Current value of   | Amount of the exemption y Check only one box for each e  | ou claim Spe   | cific laws that allow exemption   |
|   |  |   | Copy the value from<br>Schedule A/B   |  |  |   |
|   | Brief<br>description   | : Anticipated 2015 Ta   | \$2,000.00  | \$2,000.0  |  | 735 ILCS 5/12-1001(b)   |
|   | Line from<br>Schedule A  | VB: <u>28</u>   |   | 100% of fair market value, applicable statutory limit  | up to any  |   |
|   | Brief<br>description   | : Earned Income Tax   | \$3,359.00  | <b>₹</b> 2,250,4   |  | 735 ILCS 5/12-1001(g)(1)  |
|   | Line from<br>Schedule A  | VB: <u>28</u>   |   | \$3,359.0  100% of fair market value, applicable statutory limit   |  |   |
| 3.  | (Subject to  | adjustment on 4/01/16 and   |   | v5? es filed on or after the date of adju in 1,215 days before you filed this  | ,  |   |

☐ No

Filed 02/415/16 Entered 02/415/16 A& 54:46 Desc Main Ebony Case 16-04645 Doc 1 Debtor 1 Page 21 of 66 Documetht me Part 2: **Additional Page** Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(g)(1) \$1,000.00 **V** Child Tax Credit 2015 description: \$1.000.00 Line from 100% of fair market value, up to any Schedule A/B: 28 applicable statutory limit 735 ILCS 5/12-1001(a) Brief \$0.00 **Used Clothing** description:

**V** 

 $\checkmark$ 

\$900.00

\$600.00

100% of fair market value, up to any

100% of fair market value, up to any

100% of fair market value, up to any

\$900.00

\$600.00

applicable statutory limit

applicable statutory limit

applicable statutory limit

Line from

Brief

Brief

Schedule A/B:

description:

Schedule A/B:

description:

Schedule A/B:

Line from

Line from

11

17

17

Chase

735 ILCS 5/12-1001(b)

735 ILCS 5/12-1001(b)

|            |                            | Case 16-0                        | 04645                   | Doc 1 Filed                        | 02/15/16 Ente  | red 02/15        | /16 13:54:46  | Desc Main  |                                    |
|------------|----------------------------|----------------------------------|-------------------------|------------------------------------|--|------------------|---|--|------------------------------------|
| Filli      | n this informa             | ation to identify y              | our case:               |                                    |  |                  |   |  |                                    |
| Deb        | otor 1                     | Ebony                            |                         |                                    | Holiday  |                  |   |  |                                    |
|            |                            | First Name                       |                         | Middle Name                        | Last Name  |                  |   |  |                                    |
|            | otor 2<br>ouse, if filing) | First Name                       |                         | Middle Name                        | Last Name  |                  |   |  |                                    |
| Unit       | ted States Ba              | nkruptcy Court fo                | or the: N               | orthern                            | District of Illinois   |                  |   |  |                                    |
| Cas        | se number                  |                                  |                         |                                    | (State)  |                  |   |  |                                    |
| (If kr     | nown)                      |                                  |                         |                                    |  |                  |   | _  |                                    |
| Of         | ficial F                   | orm 106                          | 3D                      |                                    |  |                  |   |  | neck if this is a<br>nended filing |
|            |                            |                                  |                         | re Who Ha                          | vo Claime S  | COLLEGE          | l by Propo  |  | nended illing                      |
| <b>3</b> 0 | neau                       | ie D. Ci                         | eaitoi                  | S WIIO Ha                          | ve Claims S  | ecured           | by Prope  | rty  | 12/1                               |
|            | n. On the<br>Do any cre    | top of any a<br>ditors have clai | dditional<br>ms secured | pages, write you by your property? | the Additional Pagr<br>r name and case no<br>ur other schedules. You ha        | ımber (if kn     | own).   | es, and attach it t                                    | to this                            |
|            |                            | ll in all of the info            |                         | •                                  | di otiloi scricadios. Tod ne   | ive nothing clac | to report on this form.   |  |                                    |
|            |                            |                                  |                         | ·vv.                               |  |                  |   |  |                                    |
| Pari       | List A                     | II Secured C                     | laims                   |                                    |  |                  |   |  |                                    |
| 2.         | claim. If mor              | e than one credi                 | itor has a par          |                                    | I claim, list the creditor se<br>her creditors in Part 2. As<br>editor's name. |                  | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any  |
| 2.1        | Progressive                | Financial                        |                         |                                    |  |                  | \$1,800.00  | \$1,000.00   | \$800.00                           |
|            | Creditor's Na              | me                               |                         | Describe the proper                | ty that secures the clair  | n:               | <u> </u>  |  | <del></del>                        |
|            | 10412 S Cid                |                                  |                         | - Furniture   Value: \$1,0         | 00.00  |                  |   |  |                                    |
|            | Number                     | Street                           |                         | As of the date you fi              | le, the claim is: Check a  | I that apply.    | •   |  |                                    |
|            |                            |                                  |                         | Contingent                         |  |                  |   |  |                                    |
|            | Oak Lawn                   | Illinois                         | 60453                   | - Unliquidated                     |  |                  |   |  |                                    |
|            | City                       | State                            | ZIP Code                | Disputed                           |  |                  |   |  |                                    |
|            | Debtor                     | the debt? Chec<br>1 only         | ck one.                 | Nature of lien. Chec               | k all that apply.  |                  |   |  |                                    |
|            | Debtor                     | ,                                |                         |                                    | u made (such as mortgag  | e or secured     |   |  |                                    |
|            |                            | 1 and Debtor 2 o                 | nlv                     | car loan)                          | a made (edem de mengag   | 0 01 0000100     |   |  |                                    |
|            | =                          | one of the debto                 | •                       | Statutory lien (su                 | ch as tax lien, mechanic's   | lien)            |   |  |                                    |
|            | another                    |                                  |                         | Judgment lien fro                  | m a lawsuit  | •                |   |  |                                    |
|            |                            | if this claim rela               | ates to a               | Other (including a                 |  |                  |   |  |                                    |
|            |                            | unity debt<br>vas incurred       |                         | Last 4 digits of acco              | ount number  |                  | _   |  |                                    |
|            |                            |                                  | value of vou            |                                    | A on this page. Write th   | at number        | \$1,800.00  |  |                                    |
|            | _                          | add the dollar v<br>nere:        | raiue oi you            | ii eiliiles III Coluifffi /        | t on this page. Write th   | at Hullibel      | φ1,000.00   |  |                                    |

|                             |   | Case 16-0464!   | 5 Doc 1 Filed  | 02/15/16   | Entered 02   | <u>/1</u> 5/16 13:54:46                            | Desc                             | Main                        |                                |
|-----------------------------|---|---|--|--|--|--|----------------------------------|-----------------------------|--------------------------------|
| Fill in                     | this informa                                    | ation to identify your case   | :  |  |  |  |                                  |                             |                                |
| Debto                       | or 1  | Ebony   |  | Holida   |  |  |                                  |                             |                                |
| Debto                       | o # 0   | First Name  | Middle Name  | Last N   | ame  |  |                                  |                             |                                |
|                             |   | First Name  | Middle Name  | Last N   | ame  |  |                                  |                             |                                |
| Unite                       | d States Ba                                     | nkruptcy Court for the:   | Northern   | District of Illi   |  |  |                                  |                             |                                |
|                             | number  |   |  | (8   | State)   |  |                                  |                             |                                |
| (If knc                     | ,   |   |  |  |  |  |                                  |                             |                                |
| <u>Offi</u>                 | cial Fo   | orm 106E/F  |  |  |  |  | Chec                             | ck if this is ar            | amended filing                 |
| Sc                          | hedu  | le E/F: Cre   | ditors Who   | Have U   | nsecure  | d Claims   |                                  |                             | 12/15                          |
| 106Á/I<br>are lis<br>the bo | B) and on S<br>ted in Sche<br>exes on the       | Schedule G: Executory edule D: Creditors Who left. Attach the Contin                        | xpired leases that could r<br>Contracts and Unexpired<br>of Hold Claims Secured b<br>duation Page to this page<br>Y Unsecured Claims                               | d Leases (Officiand of the season of the sea | al Form 106G). Do<br>ore space is neede                | not include any credito<br>d, copy the Part you ne | rs with parti<br>ed, fill it out | allý secured<br>, number th | d claims that<br>ne entries in |
| 1.                          | _ ′   | ditors have priority unso to Part 2.  | secured claims against yo  | ou?  |  |  |                                  |                             |                                |
|                             | identify wha<br>possible, list<br>Part 1. If mo | t type of claim it is. If a cla<br>t the claims in alphabetic<br>ore than one creditor hold | claims. If a creditor has mo<br>nim has both priority and nor<br>al order according to the cre<br>ds a particular claim, list the<br>laim, see the instructions fo | npriority amounts,<br>editor's name. If y<br>other creditors in  | list that claim here a<br>ou have more than<br>Part 3. | and show both priority and                         | d nonpriority a                  | amounts. As                 | much as                        |
|                             |   |   |  |  |  |  | Total claim                      | Priority amount             | Nonpriority amount             |
|                             |   |   |  |  |  |  |                                  |                             |                                |

Filed 02/41/5/16 Entered 02/41/5/116 /143/54:46 Desc Main Doc 1 Debtor 1 Documernt Page 24 of 66 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 CHASE AUTO \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. BOX 901003 CREDIT BUREAU DISP When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent FORT WORTH Texas 76101 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.2 ENHANCED RECOVERY CO L \$218.00 2744 Last 4 digits of account number Nonpriority Creditor's Name 8014 BAYBERRY RD When was the debt incurred? 3/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent **JACKSONVILLE** 32256 Florida Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.3 Harold Washington College \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 30 East Lake Street When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60601 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

Other. Specify

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First Name Middle Name Document Page 25 of 66

Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning | with 4.5. followed by 4.6. and so forth.                          | Total claim |
|-----|---|---|-------------|
| ил  | I C SYSTEM INC  | •   | \$118.00    |
| 7.7 | Nonpriority Creditor's Name                                   | Last 4 digits of account number 9001                              | <u> </u>    |
|     | PO BOX 64378<br>Number Street                                 | When was the debt incurred? 9/1/2014                              |             |
|     |   | As of the date you file, the claim is: Check all that apply.      |             |
|     | SAINT PAUL Minnesota 55164                                    | Contingent  |             |
|     | SAINT PAUL Minnesota 55164 City State Zip Code                | Unliquidated  |             |
|     | Who incurred the debt? Check one.                             | Disputed  |             |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:                              |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that |             |
|     | At least one of the debtors and another                       | you did not report as priority claims                             |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts |             |
|     | Is the claim subject to offset?                               | ✓ Other. Specify  |             |
|     | ✓ No  |   |             |
| 1   | Yes   |   |             |
| 4.5 | Illinois Lending Nonpriority Creditor's Name                  | Last 4 digits of account number                                   | \$800.00    |
|     | 408 N. Wells  | When was the debt incurred?n/a                                    |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
|     |   | Contingent  |             |
|     | ChicagoIllinois60610CityStateZip Code                         | Unliquidated  |             |
|     | Who incurred the debt? Check one.                             | Disputed  |             |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:                              |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that |             |
|     | At least one of the debtors and another                       | you did not report as priority claims                             |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts |             |
|     | Is the claim subject to offset?                               | ✓ Other. Specify  |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |
| 4.6 | JVDB ASC Nonpriority Creditor's Name                          | Last 4 digits of account number1407                               | \$1,454.00  |
|     | PO Box 5718   | When was the debt incurred? 2/1/2012                              |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
|     |   | Contingent  |             |
|     | Elgin Illinois 60121 City State Zip Code                      | Unliquidated  |             |
|     | Who incurred the debt? Check one.                             | Disputed  |             |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:                              |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that |             |
|     | At least one of the debtors and another                       | you did not report as priority claims                             |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts |             |
|     | Is the claim subject to offset?                               | ✓ Other. Specify  |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |

Debtor 1 Ebony Case 16-04645 Doc 1 Filed 02/415/16 Entered 02/415/16 (143:54:46 Desc Main First Name Middle Name Document Page 26 of 66

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning w | with 4.5, followed by 4.6, and so forth.  | Total claim             |
|-----|---|---|-------------------------|
| 4.7 | MERCHANTS CREDIT GUIDE  | Last 4 digits of account number 1489  | \$125.00                |
|     | Nonpriority Creditor's Name<br>223 W JACKSON BLVD # 700         | When was the debt incurred? 8/1/2010  |                         |
|     | Number Street   | <del></del>   |                         |
|     |   | As of the date you file, the claim is: Check all that apply.  |                         |
|     | Chicago Illinois 60606  | Contingent  |                         |
|     | City State Zip Code   | Unliquidated  |                         |
|     | Who incurred the debt? Check one.  Debtor 1 only                | Disputed  |                         |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                         |
|     | Debtor 1 and Debtor 2 only                                      | Student loans   |                         |
|     | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that   |                         |
|     |   | you did not report as priority claims   |                         |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts   |                         |
|     | Is the claim subject to offset?                                 | ✓ Other. Specify  |                         |
|     | Yes   |   |                         |
| 40  | PEOPLES ENGY  |   | <b>#</b> 40 <b>7</b> 00 |
| 4.8 | Nonpriority Creditor's Name                                     | Last 4 digits of account number 6625  | \$427.00                |
|     | 200 EAST RANDOLPH Number Street                                 | When was the debt incurred? 3/1/2013  |                         |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |                         |
|     | 011104.00   | Contingent  |                         |
|     | CHICAGO Illinois 60601 City State Zip Code                      | Unliquidated  |                         |
|     | Who incurred the debt? Check one.                               | Disputed  |                         |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                         |
|     | Debtor 2 only   | Student loans   |                         |
|     | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that   |                         |
|     | At least one of the debtors and another                         | you did not report as priority claims   |                         |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts   |                         |
|     | Is the claim subject to offset?                                 | Other. Specify  |                         |
|     | <u>✓</u> No   |   |                         |
|     | Yes   |   |                         |
| 4.9 | PORTFOLIO RECOVERY ASS  | Last 4 digits of account number 0919  | \$485.00                |
|     | Nonpriority Creditor's Name<br>120 CORPORATE BLVD STE 1         | When was the debt incurred? 4/1/2015  |                         |
|     | Number Street   |   |                         |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent  |                         |
|     | NORFOLK Virginia 23502  |   |                         |
|     | City State Zip Code   | Unliquidated  |                         |
|     | Who incurred the debt? Check one.  Debtor 1 only                | Disputed  |                         |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                         |
|     | Debtor 1 and Debtor 2 only                                      | Student loans   |                         |
|     | At least one of the debtors and another                         | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                         |
|     | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts   |                         |
|     | Is the claim subject to offset?                                 | ✓ Other. Specify  |                         |
|     | No  | - State opening   |                         |
|     | ☐ Yes   |   |                         |

Debtor 1 Ebony Case 16-04645 Doc 1 Filed 02/41/5/16 Entered 02/41/5/16/16/36/54:46 Desc Main First Name Documer' Page 27 of 66

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning   | g with 4.5, followed by 4.6, and so forth.   | Total claim |
|---|--|-------------|
| A.10  PORTFOLIO RECOVERY ASS  Nonpriority Creditor's Name 120 CORPORATE BLVD STE 1  Number Street  NORFOLK Virginia 23502  City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Yes | Last 4 digits of account number8938  | \$404.00    |
| A.11  PORTFOLIO RECOVERY ASS  Nonpriority Creditor's Name  120 CORPORATE BLVD STE 1  Number Street  NORFOLK Virginia 23502  City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Yes             | Last 4 digits of account number  | \$331.00    |
| RENT RECOVER   Nonpriority Creditor's Name   220 Gerry Drive   Number   Street  | Last 4 digits of account number 32A1 When was the debt incurred? 12/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify | \$3,187.00  |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning   | g with 4.5, followed by 4.6, and so forth.  | Total claim |
|---|---|-------------|
| 4.13 Sir Finance Nonpriority Creditor's Name 6140 N. Lincoln Number Street  | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.              | \$1,100.00  |
| Chicago Illinois 60659 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  ☐ Yes |   |             |
| 4.14 SW CRDT SYS Nonpriority Creditor's Name 2629 DICKERSON PK Number Street  | Last 4 digits of account number 0104 When was the debt incurred? 6/1/2013  As of the date you file, the claim is: Check all that apply. | \$239.00    |
| CARROLLTON Texas 75007 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No              |   |             |

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Add the Amounts for Each Type of Unsecured Claim

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Debtor 1

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the 6c. Claims for death or personal injury while you were intoxicated 6c. \$0.00 6d. Other. Add all other priority unsecured claims. Write that \$0.00 amount here. 6e. Total. Add lines 6a through 6d. \$0.00 **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or divorce 6g. that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that 6i. amount here. \$14,388.00 6j. Total. Add lines 6f through 6i. 6j.

Part 4:

|                    |   | Case 16-046  | 45 Doc 1  | Filed 0                               | 2/15/16                                     | Ente       | red 02/    | <b>1</b> 5/16 13:54    | l·46              | Desc Mai        | in                                |
|--------------------|---|--|---|---------------------------------------|---|------------|------------|------------------------|-------------------|-----------------|-----------------------------------|
| Fill in t          | his informa                                   | ation to identify your ca  |   | 1 111 11 11                           | 271.1111                                    |            |            | 1.5/10 15.5            | r. <del></del> -0 | DC3C Mai        |                                   |
| Debto              | r 1   | Ebony  |   |                                       | Holida                                      | ,          |            |                        |                   |                 |                                   |
|                    |   | First Name   | Middl   | le Name                               | Last N                                      | Name       |            |                        |                   |                 |                                   |
| Debto              |   | First Name   | Middl   | le Name                               | Last N                                      | Name       |            |                        |                   |                 |                                   |
| United             | States Ba                                     | nkruptcy Court for the   | Northern  |                                       | District of III                             |            |            |                        |                   |                 |                                   |
| Case r             | number<br>vn)                                 |  |   |                                       | (4  | State)     |            |                        |                   |                 |                                   |
| Offi               | cial F  | orm 1060   | <u> </u>  |                                       |   |            |            | 1                      |                   |                 | Check if this is a amended filing |
| Sch                | edul  | e G: Execu   | tory Con  | tracts                                | and Un                                      | nexpi      | red Le     | eases                  |                   |                 | 12/1                              |
| space i<br>case ni | s needed<br>umber (if I<br>you ha<br>No. Chec | and accurate as pos<br>copy the additional<br>known).  Ve any executor  k this box and file this  n all of the information | I page, fill it out, n y contracts or form with the court | umber the er unexpired with your othe | ntries, and at<br>leases?<br>r schedules. Y | tach it to | this page. | On the top of any      | y additio         | nal pages, writ |                                   |
|                    | •   | ely each person or control, cell phone). See th  |   | •                                     |   |            |            |                        |                   | •               | • •                               |
|                    | Person  | or company with wh   | om you have the   | contract or le                        | ease  |            |            | State what the o       | contract          | or lease is for |                                   |
| 2.1                | Holiday, Et                                   | oony   |   |                                       |   |            |            | Other,                 |                   |                 |                                   |
| •                  | Name  |  |   |                                       |   | _          |            | Other,<br>Rental Lease |                   |                 |                                   |
|                    | 8832 S Ra                                     | cine   |   |                                       |   |            |            | Keniai Lease           |                   |                 |                                   |
| ,                  | Number  | Street   |   |                                       |   | _          |            |                        |                   |                 |                                   |
|                    | Chicago                                       |  | Illinois  | 60620                                 |   |            |            |                        |                   |                 |                                   |
|                    | City  |  | State   | Zip Cod                               | de  |            |            |                        |                   |                 |                                   |

|                   |   | Case 16-0464                                    | 5 Doc 1 Filed 0                   | 2/15/16 Entered                 | 02/15/16 13·5 <i>4</i> ·46      | Desc Main  |
|-------------------|---|---|-----------------------------------|---------------------------------|---------------------------------|--|
| Fill in           | this inform                               | ation to identify your case                     |                                   | <u> </u>                        | 0/10 10:04:40                   | Desc Main  |
| Debt              | or 1                                      | Ebony   |                                   | Holiday                         |                                 |  |
| Debt              | or 2                                      | First Name                                      | Middle Name                       | Last Name                       |                                 |  |
|                   |   | First Name                                      | Middle Name                       | Last Name                       | _                               |  |
| Unite             | ed States Ba                              | ankruptcy Court for the:                        | Northern                          | District of Illinois            |                                 |  |
| Case<br>(If kno   | number                                    |   |                                   | (State)                         | _                               |  |
|                   | · ·                                       |   |                                   |                                 |                                 | Check if this is a amended filing  |
| Off               | icial F                                   | Form 106H                                       |                                   |                                 |                                 |  |
| Scl               | nedul                                     | e H: Your Co                                    | debtors                           |                                 |                                 | 12/1   |
| 1. [<br>[<br>2. \ | question.  Do you have No Yes  Within the | ve any codebtors? (If yo                        | u are filing a joint case, do not | list either spouse as a codebto | or.)                            | ase number (if known). Answer  ies include Arizona, California, Idaho,                 |
| [                 | Yes. D                                    | o to line 3.<br>id your spouse, former sp<br>lo | ouse, or legal equivalent live v  | vith you at the time?           |                                 |  |
|                   |   |   | ate or territory did you live?    | Fill                            | in the name and current address | ss of that person.   |
|                   |   | Name of your spouse, for                        | ormer spouse, or legal equivale   | ent                             | <del>-</del>                    |  |
|                   |   | Number Street                                   |                                   |                                 | -                               |  |
|                   |   | City  | State                             | Zip Code                        | -                               |  |
| a                 | s a codeb                                 | tor only if that person is                      | s a guarantor or cosigner. N      | lake sure you have listed th    |                                 | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
| (                 | Column 1:                                 | Your codebtor                                   |                                   |                                 | Column 2: The creditor to       | whom you owe the debt  |

Check all schedules that apply:

|  |                                 | 0014-14-0           |                     | <b>5/16</b> 13        | ·54·46 Г                     | Desc Mair           | 1                  |  |
|--|---------------------------------|---------------------|---------------------|-----------------------|------------------------------|---------------------|--------------------|--|
| ill in this information to identify  |                                 | инсн т              | age oz or           |                       | .01.10                       | Jood Man            | •                  |  |
| ebtor 1 Ebony  |                                 | Holiday             |                     | _                     |                              |                     |                    |  |
| First Name   | Middle Name                     | Last Na             | me                  |                       | Check if this is             | s:                  |                    |  |
| btor 2 pouse, if filing) First Name  | Middle Name                     | Last Na             | me                  | -                     | An amend                     | ed filing           |                    |  |
|  | Wildale Name                    | Lastival            | THO .               |                       | A supplem                    | ent showing po      | st-petition chapte |  |
| ited States Bankruptcy Court for the:  | Northern                        | _ District of Illin |                     | -                     |                              | as of the following |                    |  |
| se number  |                                 | (36                 | ate)                |                       | -                            |                     |                    |  |
| known)   |                                 |                     |                     | _                     | MM / DD /                    | YYYY                |                    |  |
| fficial Form 106I  |                                 |                     |                     |                       |                              |                     |                    |  |
| chedule I: Your Inc  | ome                             |                     |                     |                       |                              |                     | 12                 |  |
| ges, write your name and ca  | ,                               |                     | y question.         |                       |                              |                     |                    |  |
| <ol> <li>Fill in your employment<br/>information.</li> </ol>                   |                                 | Debtor 1            |                     |                       | Debtor 2                     |                     |                    |  |
|  | Employment status               | ✓ Employe           | d                   |                       | <b>✓</b> Employed            |                     |                    |  |
| If you have more than one job,   |                                 | ☐ Not Emp           |                     |                       | ☐ Not Empl                   |                     |                    |  |
| attach a separate page with  |                                 |                     | loyou               |                       | rtot Emp                     | oyou                |                    |  |
| information about additional   | Occupation                      |                     |                     |                       |                              |                     |                    |  |
| employers.   | Employer's name                 | Symphony S          | outh Shore, LLC     |                       | YMCA of Metropolitan Chicago |                     |                    |  |
| Include part time, seasonal, or  | Employer's address              | 2425 E 71st         |                     |                       | 801 N Dearborn St            |                     |                    |  |
| self-employed work.  |                                 | Number Street       |                     |                       | Number Street                |                     |                    |  |
| Occupation may include   |                                 |                     |                     |                       |                              |                     |                    |  |
| student  |                                 |                     |                     |                       |                              |                     |                    |  |
| or homemaker, if it applies.   |                                 | Chicago             | Illinois            | 60649                 | Chicago                      | Illinois            | 60610              |  |
|  |                                 | City                | State               | Zip Code              | City                         | State               | Zip Code           |  |
|  | How long employed there         | ? ——                |                     |                       |                              |                     |                    |  |
|  | - · ·                           |                     |                     |                       |                              |                     |                    |  |
| art 2: Give Details About I  | Monthly Income                  |                     |                     |                       |                              |                     |                    |  |
|  |                                 |                     |                     |                       |                              |                     |                    |  |
| stimate monthly income as of the one separated.                                | date you file this form. If you | nave nothing to     | report for any line | e, write \$0 in the s | space. Include y             | our non-filing sp   | oouse unless you   |  |
| you or your non-filing spouse have mo<br>separate sheet to this form.          | re than one employer, combine   | e the information f | or all employers    | for that person or    | the lines below              | v. If you need m    | ore space, attach  |  |
|  |                                 |                     | For                 | Debtor 1              | For Debtor non-filing s      |                     |                    |  |
| 2. <b>List monthly gross wages, salar</b> deductions.) If not paid monthly, ca |                                 |                     | 2.                  | \$2,600.00            |                              | \$4,000.00          |                    |  |
| 3 Estimate and list monthly overt  | ime nav                         |                     | 3                   | + \$0.00              |                              | + \$0.00            |                    |  |

4. Calculate gross income. Add line 2 + line 3.

\$2,600.00

\$4,000.00

Filed 02/41/54/16 Entered @2415/16 13:54:46 Desc Main Ebony Case 16-04645 Doc 1 Debtor 1 Middle Name Documentame Page 33 of 66 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$2,600.00 \$4,000.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$500.50 \$1,000.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$0.00 \$0.00 5f. Domestic support obligations 5f. \$0.00 \$0.00 5g. Union dues 5g. \$0.00 \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$500.50 \$1,000.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,099.50 \$3,000.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$306.00 \$0.00 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 \$0.00 \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. -\$0.00 \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$306.00 \$0.00 \$5,405.50 10.Calculate monthly income. Add line 7 + line 9. \$2,405.50 \$3,000.00 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$5,405.50 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

|  | Case 16-04                                | 645 Doc 1 Filed  | 102/15/16 Ente                 | <u>red 02/1</u> 5/16 13:54:46   | Desc Main   |  |  |
|--|---|--|--------------------------------|---|---|--|--|
| Fill in this inform                                    | nation to identify your                   | case:  | Ū                              |   |   |  |  |
| Debtor 1   | Ebony                                     |  | Holiday                        |   |   |  |  |
|  | First Name                                | Middle Name  | Last Name                      |   |   |  |  |
| Debtor 2<br>(Spouse, if filing                         | ) First Name                              | Middle Name  | Last Name                      | Check if this is:   | en.   |  |  |
|  |   |  | Lastivame                      | An amended  | •   |  |  |
| United States B  | sankruptcy Court for th                   | ne: Northern   | District of Illinois (State)   |   | t showing post-petition chapter 13 of the following date: |  |  |
| Case number  |   |  | (State)                        |   | or the following date.                                    |  |  |
| (If known)   |   |  |                                | MM / DD / Y   | MM / DD / YYYY  |  |  |
| Official F   | orm 106J                                  | <u> </u>   |                                |   |   |  |  |
| Schedul  | e J: Your l                               | Expenses   |                                |   | 12/1  |  |  |
| nformation. If n                                       |   | ed, attach another sheet to the                          |                                | are equally responsible for suppl<br>ny additional pages, write your na |   |  |  |
| 1. Is this a join                                      |   | enoid  |                                |   |   |  |  |
| _ `  | to line 2                                 |  |                                |   |   |  |  |
| _  |   |  |                                |   |   |  |  |
| Yes. Do  | oes Debtor 2 live in                      | a separate household?                                    |                                |   |   |  |  |
|  | No  |  |                                |   |   |  |  |
|  | Yes. Debtor 2 mus                         | st file Official Forms 106J-2, Exp                       | penses for Separate House      | hold of Debtor 2.   |   |  |  |
| 2. Do you have   | e dependents?                             | No   |                                |   |   |  |  |
| Do not list De   | ebtor 1 and                               | Yes. Fill out this information                           |                                |   | •   |  |  |
| Debtor 2.  |   | each dependent   | Debtor 1 or Debto              | or 2 age  | with you?   |  |  |
|  |   |  | Child                          |   | No.<br>✓ Yes.   |  |  |
| 3 Do your eyn  | enses include _                           |  |                                |   | 103.  |  |  |
|  | f people other                            | No   |                                |   |   |  |  |
| than<br>yourself and                                   | L. VOUE                                   | Yes  |                                |   |   |  |  |
| dependents   | •   | _  |                                |   |   |  |  |
| Part 2: Estin  | mate Your Ongoi                           | ing Monthly Expenses                                     |                                |   |   |  |  |
|  |   |  | and the same training this fam | m as a sumulament in a Chantar d  | 2 to veneut   |  |  |
|  | of a date after the ba                    |  |                                | m as a supplement in a Chapter 1<br>I, check the box at the top of the  |   |  |  |
| •  | •   | on-cash government assistated it on Schedule I: Your Inc | -                              |   | Your expenses   |  |  |
| Sucii assisiaii  |   | ments and  | ¢000.00                        |   |   |  |  |
| 4. The rental of                                       | or home ownership r the ground or lot. 4. | expenses for your residence                              |                                |   | <b>\$980.00</b><br>4.                                     |  |  |
| 4. The rental of any rent for                          | · ·                                       | expenses for your residence                              |                                |   |   |  |  |
| 4. The rental of any rent for                          | r the ground or lot. 4.  uded in line 4:  | expenses for your residence                              |                                |   |   |  |  |
| 4. The rental of any rent for If not inclu 4a. Real es | r the ground or lot. 4.  uded in line 4:  |  |                                |   | 4.  |  |  |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Filed 02/415/16 Entered 02/15/16 12:54:46 Desc Main Document Page 35 of 66 Debtor 1 Ebony Case 16-04645
First Name Doc 1

| Document 1 age 33 or 00   |     |               |
|---|-----|---------------|
|   |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans                             | 5.  | \$0.00        |
| 6. Utilities:   |     |               |
| 6a. Electricity, heat, natural gas  | 6a. | \$300.00      |
| 6b. Water, sewer, garbage collection  | 6b. | \$75.00       |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. | \$350.00      |
| 6d. Other. Specify:   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 7.  | \$550.00      |
| 8. Childcare and children's education costs   | 8.  | \$650.00      |
| 9. Clothing, laundry, and dry cleaning  | 9.  | \$200.00      |
| 10. Personal care products and services   | 10. | \$175.00      |
| 11. Medical and dental expenses   | 11. | \$75.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments      | 12. | \$410.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  | 14. | \$175.00      |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.       |     |               |
| 15a. Life insurance   | 15a | \$0.00        |
| 15b. Health insurance   | 15b | \$0.00        |
| 15c. Vehicle insurance  | 15c | \$230.00      |
| 15d. Other insurance. Specify:  | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.               |     |               |
| Specify:  | 16  | \$0.00        |
| 17. Installment or lease payments:  | .0  |               |
| 17a. Car payments for Vehicle 1   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   | 17b | \$0.00        |
| 17c. Other. Specify: Vehicle payments for mother's car, which she drives but does not own.                | 17c | \$380.00      |
| 17d. Other. Specify: Husband's Car note   | 17d | \$400.00      |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from           |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18. |               |
| 19.Other payments you make to support others who do not live with you.                                    |     |               |
| Specify: Husband's Child Support Obligation   | 19. | \$450.00      |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |     | **            |
| 20a. Mortgages on other property  | 20a | \$0.00        |
| 20b. Real estate taxes 20b.   | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses 20d.  | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20e | \$0.00        |

|  | ony Case 16-04645   |                 | Filed 02/11/5/116         | <u>Entered</u> @2415/16 | 6/14k3k√54: <u>46</u> D | <u>esc Main</u> |            |
|--|---|-----------------|---------------------------|-------------------------|-------------------------|-----------------|------------|
| Firs   | st Name   | Middle Name     | Documetht ende            | Page 36 of 66           |                         |                 |            |
| 21. <b>Other.</b> Sp   | ecify:  |                 |                           | · ·                     | 21                      |                 | \$0.00     |
|  |   |                 |                           |                         |                         |                 |            |
| 22. Calculate  | your monthly expenses.  |                 |                           |                         |                         |                 | \$5,400.00 |
| 22a. Add   | lines 4 through 21.   |                 |                           |                         |                         |                 | \$0.00     |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |   |                 |                           |                         |                         |                 | \$5,400.00 |
| 22c. Add I   | 22c. Add line 22a and 22b. The result is your monthly expenses.   |                 |                           |                         |                         |                 |            |
| 23. Calculate  | your monthly net income.  |                 |                           |                         | ı                       |                 |            |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                    |   |                 |                           |                         |                         |                 | \$5,405.50 |
| 23b. Copy your monthly expenses from line 22 above.                                  |   |                 |                           |                         | 23b                     | _               | \$5,400.00 |
| 23c. Subtract your monthly expenses from your monthly income.                        |   |                 |                           |                         |                         |                 | \$5.50     |
| The  | result is your monthly net inco                                   | ome.            |                           |                         | 23c                     |                 |            |
| 24. Do you e   | expect an increase or decre                                       | ase in your exp | enses within the year aft | er you file this form?  |                         |                 |            |
|  | nple, do you expect to finish pa<br>e payment to increase or deci | , , ,           | ,                         |                         |                         |                 |            |
| <b>✓</b> No  |   |                 |                           |                         |                         |                 |            |
| Yes  |   |                 |                           |                         |                         |                 |            |
| -  | Explain here:   |                 |                           |                         |                         |                 |            |
|  |   |                 |                           |                         |                         |                 |            |

| Fill in this i         | Case 16-04645 information to identify your case:                  | Doc 1 Filed 0             | 2/15/16                               | d 02/15/16 13:54:46                              | Desc Main                          |
|------------------------|---|---------------------------|---------------------------------------|--|------------------------------------|
| Debtor 1               | Ebony   |                           | Holiday                               |  |                                    |
| Debtor 2               | First Name  | Middle Name               | Last Name                             |  |                                    |
| (Spouse, in            | f filing) First Name  | Middle Name               | Last Name                             |  |                                    |
| United Sta             | ates Bankruptcy Court for the:                                    | Northern                  | District of Illinois (State)          |  |                                    |
| Case num<br>(If known) | ber   |                           | (State)                               |  |                                    |
| Officia                | al Form 106Dec  |                           |                                       | <u></u>  | Check if this is an amended filing |
| Decla                  | ration About an   | Individual De             | btor's Sched                          | ules   | 12/1:                              |
|                        | Sign Below<br>rou pay or agree to pay someor                      | ne who is NOT an attorney | r to help you fill out bankr          | ruptcy forms?                                    |                                    |
| <b>✓</b>               | No  |                           |                                       |  |                                    |
|                        | es. Name of person  |                           | Attach Bankruptcy Signature (Official | Petition Preparer's Notice, Declar<br>Form 119). | ation, and                         |
|                        | er penalty of perjury, I declare th<br>they are true and correct. | nat I have read the summa | ary and schedules filed w             | ith this declaration and                         |                                    |
| <b>≭</b> /s/ E         | bony Holiday  |                           | *                                     |  |                                    |
| Signa                  | ture of Debtor 1  |                           | Signatu                               | re of Debtor 2                                   |                                    |
| Date                   | <u>2/15/2016</u><br>MM/DD/YYYY                                    |                           | Date _<br>N                           | /IM/DD/YYYY                                      |                                    |

#### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1250.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Ebony Holiday Matter Number 442708-001 Initial:

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 2/15/2016

Client

Attornev

|      | n this inform | Case 16-04645 nation to identify your case: |                       | iled 02/15/16               | Entered 02/15/16 13:54:                                    | 46 Desc Main  |
|------|---------------|---|-----------------------|-----------------------------|--|---|
| Deb  |               | Ebony                                       |                       | Holiday                     |  |   |
|      | tor 2         | First Name                                  | Middle N              |                             |  |   |
|      |               | First Name                                  | Middle N              |                             |  |   |
|      | ed States Ba  | ankruptcy Court for the:                    | Northern              | District of Illino (Sta     |  |   |
|      | iown)         |   |                       |                             |  |   |
| Off  | ficial F      | Form 107                                    |                       |                             |  | Check if this is a amended filing   |
| Sta  | ateme         | nt of Financia                              | al Affairs            | for Individua               | ls Filing for Bankru                                       | iptcy 12/1  |
|      |               |   |                       |                             |  | upplying correct information. If more umber (if known). Answer every question |
| Part |               |   |                       | and Where You Live          | . •  |   |
|      |               |   |                       | and where rou live          | ed Deloie  |   |
| 1.   | _             | your current marital stat                   | us?                   |                             |  |   |
|      | ✓ Mari        | married                                     |                       |                             |  |   |
| 2.   | During th     | ne last 3 years, have you                   | lived anywhere o      | ther than where you live ı  | now?   |   |
|      | ✓ No          |   |                       |                             |  |   |
|      | Yes.          | List all of the places you liv              | ed in the last 3 year | rs. Do not include where yo | u live now.  |   |
|      | Debt          | tor 1:                                      |                       | Dates Debtor 1 lived there  | Debtor 2:  | Dates Debtor 2 lived there  |
|      |               |   |                       |                             |  |   |
|      |               |   |                       |                             | Same as Debtor 1   | Same as Debtor 1  |
|      | Num           | her Street                                  |                       | From                        |  | Same as Debtor 1  |
|      | Num           | ber Street                                  |                       | From                        | Same as Debtor 1  Number Street                            | _   |
|      |               |   | 7in Code              |                             | Number Street  | From To   |
|      | Num<br>City   | ber Street State                            | Zip Code              |                             | Number Street  | From  |
|      | City          | State                                       | Zip Code              |                             | Number Street  City State 2  Same as Debtor 1              | From To Zip Code Same as Debtor 1   |
|      | City          |   | Zip Code              | То                          | Number Street  City State                                  | From  To  Zip Code  |
|      | City          | State                                       | Zip Code              | To                          | Number Street  City State  Same as Debtor 1  Number Street | From To Zip Code  |

Debtor 1 Ebony Case 16-04645
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| Par | t2: Explain the Sources of Your Inc  | come  | 1 490 11 01 00   |  |   |
|-----|--|---|--|--|---|
| 4.  | Did you have any income from employment Fill in the total amount of income you received activities. If you are filing a joint case and you have the work of the wo | from all jobs and all businesses                                  | including part-time  |  |   |
|     |  | Debtor 1  |  | Debtor 2   |   |
|     |  | Sources of income<br>Check all that apply.                        | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                     |
|     | From January 1 of current year until the date you filed for bankruptcy:  | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business       | \$3600.00  | Wages, commissions, bonuses, tips Operating a business                               |   |
|     | For last calendar year: (January 1 to December 31, 2015 )  YYYY  | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business       | \$27634.00   | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> |   |
|     | For the calendar year before that: (January 1 to December 31, 2014 )  YYYY   | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business       | \$22778.00   | ☐ Wages, commissions, bonuses, tips ☐ Operating a business                           |   |
|     | Did you receive any other income during thi<br>Include income regardless of whether that income<br>benefit payments; pensions; rental income; inter<br>and you have income that you received together.   | ne is taxable. Examples of other rest; dividends; money collected | income are alimony; child su                                     |  |   |
|     | List each source and the gross income from each  | ch source separately. Do not inc                                  | lude income that you listed in                                   | n line 4.  |   |
|     | Yes. Fill in the details.  |   |  |  |   |
|     |  | Debtor 1  |  | Debtor 2   |   |
|     |  | Sources of income<br>Describe below.                              | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) |
|     | From January 1 of current year until the date you filed for bankruptcy:  |   | \$612.00   |  |   |
|     | For last calendar year: (January 1 to December 31,   | Estimated   | \$3,672.00   |  |   |
|     | For the calendar year before that: (January 1 to December 31, 2014)  | Estimated   | \$3,672.00   |  |   |

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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other

Doc 1 Filed 02/41/5/16 Entered 02/41/5/116 /11/3/54:46 Desc Main Debtor 1 Document Page 43 of 66 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Ebony Case 16-04645
First Name Doc 1

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| 9. | n 1 year before you filed for bankruptcy, v<br>such matters, including personal injury case<br>es. |          |   |                      |                   |          |                       |
|----|--|----------|---|----------------------|-------------------|----------|-----------------------|
|    | lo<br>es. Fill in the details.   |          |   |                      |                   |          |                       |
|    |  | Nature o | of the case   | Court or agen        | су                |          | Status of the case    |
|    | Case title   | Rental D | Dispute   | Cook County C        | rirouit Court     |          | <b>✓</b> Pending      |
|    |  |          |   | Court Name           | ilicuit Court     |          | On appeal             |
|    | Case number  |          |   | 50 West Washi        |                   |          | - Concluded           |
|    |  |          |   | Number Street        |                   | 60600    | Concideda             |
|    |  |          |   | Chicago<br>City      | Illinois<br>State | Zip Code | =                     |
|    | Case title   |          |   |                      |                   |          | Danding.              |
|    |  |          |   | Court Name           |                   |          | Pending               |
|    | Case number  |          |   | Court Name           |                   |          | On appeal             |
|    | Case number  |          |   | Number Street        |                   |          | - Concluded           |
|    |  |          |   | City                 | State             | Zip Code | _                     |
|    | No. Go to line 11.  Yes. Fill in the information below.  |          | Describe the prope  | rty                  |                   | Date     | Value of the property |
|    | Creditor's Name  |          |   |                      |                   | -        |                       |
|    |  |          | Explain what happe  | ned                  |                   |          |                       |
|    | Number Street  |          |   |                      |                   |          |                       |
|    | City State Zip C   | Code     | Property was rep Property was fore Property was gai Property was atta | eclosed.             | vied.             |          |                       |
|    |  |          | Describe the prope  | rty                  |                   | Date     | Value of the property |
|    |  |          |   |                      |                   |          |                       |
|    | Creditor's Name  |          |   | _                    |                   |          |                       |
|    |  |          | Explain what happe  | ned                  |                   |          |                       |
|    | Number Street  |          | _   |                      |                   |          |                       |
|    |  |          | Property was rep  |                      |                   |          |                       |
|    |  | _        | Property was fore   |                      |                   |          |                       |
|    |  |          | Property was gai  |                      |                   |          |                       |
|    | City State Zip C   | Code     | Property was atta   | ached, seized, or le | viea.             |          |                       |

| Deb  | tor 1        | Ebony Case 16-04645<br>First Name  |                       | <u>ପ 02415/16 Entered</u>                                  | :46 Desc                 | Main                     |
|------|--------------|--|-----------------------|--|--------------------------|--------------------------|
| 11.  |              | nin 90 days before you filed for<br>ounts or refuse to make a payn<br>No |                       | creditor, including a bank or financial institution, set o | off any amounts fi       | rom your                 |
|      | Ħ            | Yes. Fill in the details.  |                       |  |                          |                          |
|      | _            |  |                       | Describe the action the creditor took                      | Date action was taken    | Amount                   |
|      |              | Creditor's Name  |                       |  |                          |                          |
|      |              | Number Street  |                       |  | _                        |                          |
|      |              | Number Street  |                       | Last 4 digits of account number: XXXX-                     |                          |                          |
|      |              |  |                       |  |                          |                          |
|      |              | City State   | Zip Code              |  |                          |                          |
| 12.  |              | iin 1 year before you filed for b<br>iver, a custodian, or another o     |                       | your property in the possession of an assignee for the     | ne benefit of cred       | itors, a court-appointed |
|      | $\checkmark$ | No   |                       |  |                          |                          |
|      | <u>Ц</u>     | Yes  |                       |  |                          |                          |
| Part | 5:           | List Certain Gifts and Co  | ontributions          |  |                          |                          |
| 13.  | Wit          | thin 2 years before you filed fo   | r bankruptcy, did you | give any gifts with a total value of more than \$600 per   | person?                  |                          |
|      | <b>✓</b>     | No   |                       |  |                          |                          |
|      | Ш            | Yes. Fill in the details for each  | _                     | Beauth attacks   | Deference                | W.L.                     |
|      |              | Gifts with a total value of more person                                  | re than \$600         | Describe the gifts   | Dates you gave the gifts | Value                    |
|      |              | Person to Whom You Gave the C  | Gift                  |  |                          |                          |
|      |              |  |                       |  |                          |                          |
|      |              | Number Street  |                       |  |                          |                          |
|      |              | City State   | Zip Code              |  |                          |                          |
|      |              | Person's relationship to you   |                       |  |                          |                          |
|      |              | Person to Whom You Gave the C  |                       |  |                          |                          |
|      |              |  |                       |  |                          |                          |
|      |              | Number Street  |                       |  |                          |                          |
|      |              | City State   | Zip Code              |  |                          |                          |
|      |              | Person's relationship to you   |                       |  |                          |                          |
|      |              |  |                       |  |                          |                          |

|      |            | 1 list ivanie                                     | D Middle Harie                 | ocument Page 46 of 66  |                                   |                        |
|------|------------|---|--------------------------------|--|-----------------------------------|------------------------|
| 14.  | With       | nin 2 years before you file                       |                                | give any gifts or contributions with a total value of mor  | e than \$600 to an                | y charity?             |
|      |            | No<br>Yes. Fill in the details for ea             | ach gift or contribution.      |  |                                   |                        |
|      |            | Gifts with a total value of per person            | -                              | Describe the gifts   | Dates you gave the gifts          | Value                  |
|      |            | Charity's Name                                    |                                | -  |                                   |                        |
|      |            |   |                                | -  |                                   |                        |
|      |            | Number Street                                     |                                | -  |                                   |                        |
|      |            | City State  | e Zip Code                     | _  |                                   |                        |
| Part |            | List Certain Losses                               |                                |  |                                   |                        |
| 15.  |            | in 1 year before you filed<br>bling?              | l for bankruptcy or since y    | ou filed for bankruptcy, did you lose anything because   | of theft, fire, othe              | r disaster, or         |
|      |            | No<br>Yes. Fill in the details.                   |                                |  |                                   |                        |
|      | _          | Describe the property yo how the loss occurred    | ou lost and                    | Describe any insurance coverage for the loss   | Date of your loss                 | Value of property lost |
|      |            |   |                                | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i> |                                   |                        |
|      |            |   |                                |  |                                   |                        |
| Part | <b>7</b> : | List Certain Payment                              | ts or Transfers                |  |                                   |                        |
| 16.  |            |   | I for bankruptcy, did you o    | or anyone else acting on your behalf pay or transfer any?  | property to anyor                 | ne you consulted about |
|      | _          |   | cy petition preparers, or cred | lit counseling agencies for services required in your bankrupto  | су.                               |                        |
|      |            | No<br>Yes. Fill in the details.                   |                                |  |                                   |                        |
|      |            |   |                                | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment      |
|      |            | Semrad Law Firm                                   |                                | Semrad Law Firm - \$0.00   | 2/15/2016                         | \$0.00                 |
|      |            | Person Who Was Paid<br>20 South Clark Street 28th | Floor                          |  |                                   |                        |
|      |            | Number Street                                     |                                |  |                                   |                        |
|      |            | Chicago Illino                                    |                                | -<br>-   |                                   |                        |
|      |            | City State  | e Zip Code                     | _  |                                   |                        |
|      |            | Email or website address                          |                                | _  |                                   |                        |
|      |            | Person Who Made the Pay                           | ment, if Not You               |  | <u> </u><br>                      |                        |
|      |            | Person Who Was Paid                               |                                | -  |                                   |                        |
|      |            | Number Street                                     |                                | -  |                                   |                        |
|      |            | City State  | e Zip Code                     | -  |                                   |                        |
|      |            | Email or website address                          |                                | -  |                                   |                        |
|      |            | Person Who Made the Pay                           | ment, if Not You               | -  |                                   |                        |

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|          | Ebony Case 16-04645 First Name  |                                 | <u>:d 02/105/16 Entered</u> ଉ<br>ocum <sup>e</sup> int <sup>me</sup> Page 47 of |                       | . <del>40 DC3C</del>              |                       |
|----------|---|---------------------------------|---|-----------------------|-----------------------------------|-----------------------|
| you      | thin 1 year before you filed for ba<br>deal with your creditors or to mand<br>the include any payment or transfer   | ake payments to you             |   | f pay or transfer any | property to anyon                 | ne who promised to he |
| <b>✓</b> | No<br>Yes. Fill in the details.   |                                 |   |                       |                                   |                       |
|          | rec. I ii ii de detaile.  |                                 | Description and value of any pro  | perty transferred     | Date payment or transfer was made | Amount of payment     |
|          | Person Who Was Paid   |                                 |   |                       |                                   |                       |
|          | Number Street   |                                 |   |                       |                                   |                       |
|          | City State  | Zip Code                        |   |                       |                                   |                       |
| Inc      | linary course of your business or<br>ude both outright transfers and tran<br>esfers that you have already listed on<br>No<br>Yes. Fill in the details.  | sfers made as securit           | ry (such as the granting of a security in                                       |                       |                                   |                       |
|          |   |                                 | Barrier Carrier Landing Committee   | Deceribe ony          | property or payme                 | ents Date transfe     |
|          |   |                                 | Description and value of any property transferred                               |                       | ebts paid in exch                 |                       |
|          | Person Who Received Transfer  |                                 |   |                       |                                   |                       |
|          | Person Who Received Transfer  Number Street   |                                 |   |                       |                                   |                       |
|          |   | Zip Code                        |   |                       |                                   |                       |
|          | Number Street  City State   | Zip Code                        |   |                       |                                   |                       |
|          | Number Street  City State Person's relationship to you  | Zip Code                        |   |                       |                                   |                       |
|          | Number Street  City State Person's relationship to you  Person Who Received Transfer  | Zip Code Zip Code               |   |                       |                                   |                       |
|          | Number Street  City State Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  | Zip Code<br>bankruptcy, did you |   | received or de        | ebts paid in excha                | ange was made         |
|          | Number Street  City State Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  thin 10 years before you filed for  | Zip Code<br>bankruptcy, did you | property transferred  | received or de        | ebts paid in excha                | ange was made         |
|          | Number Street  City State Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  thin 10 years before you filed for ese are often called asset-protection. | Zip Code<br>bankruptcy, did you | property transferred  | received or de        | ebts paid in excha                | ange was made         |

Debtor 1 Ebony Case 16-04645
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Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | or tra   | nin 1 year before you filed for ba<br>ansferred?<br>de checking, savings, money mark<br>peratives, associations, and other fi | et, or other financial |                |                           |           |           |                          |   |   |
|-----|----------|---|------------------------|----------------|---------------------------|-----------|-----------|--------------------------|---|---|
|     |          | No<br>Yes. Fill in the details.   |                        |                |                           |           |           |                          |   |   |
|     |          | ies. i iii iii tie tetaiis.   |                        | Last 4<br>numb | l digits of account<br>er |           | Type of a | account or<br>ent        | Date account<br>was closed,<br>sold, moved,<br>or transferred | Last balance<br>before closing<br>or transfer |
|     |          | Person Who Was Paid   |                        | - XXXX         | -                         |           | Chec      | cking<br>ngs             |   |   |
|     |          | Number Street   |                        | -              |                           | [<br>[    |           | ey market<br>ærage<br>er |   |   |
|     |          | City State  | Zip Code               | -              |                           |           |           |                          |   |   |
|     |          | Person Who Was Paid   |                        | - XXXX         | -                         |           | Chec      | cking<br>ngs             |   |   |
|     |          | Number Street   |                        | -              |                           |           | Brok      | ey market<br>erage       |   |   |
|     |          |   |                        |                |                           | L         | Othe      | er                       |   |   |
|     |          | City State  | Zip Code               | -              |                           |           |           |                          |   |   |
|     | <b>✓</b> | ables? No Yes. Fill in the details.   | w                      | /ho else       | had access to it?         |           |           | Describe the contents    | 3   | Do you still have it?                         |
|     |          | Name of Financial Institution   | Na<br>Na               | ame            |                           |           |           |                          |   | ☐ No  |
|     |          | Number Street   | Nu                     | umber          | Street                    |           |           |                          |   | Yes   |
|     |          | -   | Ci                     | tv             | State                     | Zip Cod   | de.       |                          |   |   |
|     |          | City State  | Zip Code               | -,             |                           | _p        |           |                          |   |   |
| 22. | Have     | e you stored property in a stora  | ge unit or place oth   | er than        | your home within          | 1 year be | efore yo  | ou filed for bankruptcy  | ?   |   |
|     |          | No<br>Yes. Fill in the details.   |                        |                |                           |           |           |                          |   |   |
|     |          |   | w                      | ho else        | had access to it?         |           |           | Describe the contents    | <b>S</b>  | Do you still have it?                         |
|     |          | Name of Storage Facility  | Na                     | ame            |                           |           |           |                          |   | ☐ No<br>☐ Yes                                 |
|     |          | Number Street   | Nu                     | umber          | Street                    |           |           |                          |   |   |
|     |          | -   | Ci                     | ty             | State                     | Zip Cod   | de        |                          |   |   |
|     |          | City State  | Zip Code               |                |                           |           |           |                          |   |   |

| ✓ No  Yes. Fill in the details.  | Deb  | tor 1                   | First Name Middle Name                               | Filed 02#         | ≝nt <sup>me</sup> Paç | ntered             | -541.6 ⁄1.23.54: <u>46 Desc Mair</u>       | <u>l</u>        |
|--|------|-------------------------|--|-------------------|-----------------------|--------------------|--|-----------------|
| No   Yes. Fill in the details.   Where is the property?   Describe the contents   Value  | Part | 9:                      | Identify Property You Hold or Control                | l for Somed       | one Else              |                    |  |                 |
| Where is the property?   | 23.  | _                       |  | e else owns? I    | nclude any pro        | perty you borro    | wed from, are storing for, or hold in trus | st for someone. |
| Owner's Name Number Street  City State Zip Code  Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  • Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous rotice substances, wastes, or material.  • Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  • Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material pullutant, contaminarin, or similar terms, |      |                         | Yes. Fill in the details.                            | Where is th       | ne property?          |                    | Describe the contents                      | Value           |
| Number Street  |      |                         |  |                   |                       |                    | -  |                 |
| City   State   Zip Code  |      |                         | Owner's Name   | Number Str        | eet                   |                    |  |                 |
| Part 10:   Give Details About Environmental Information  |      |                         | Number Street  |                   |                       |                    | -  |                 |
| Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  #### Size means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  #### Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No  |      |                         |  | City              | State                 | Zip Code           | -  |                 |
| For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  #### Size means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  #### Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  #### Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  ###################################   |      |                         | City State Zip Code                                  | _                 |                       |                    |  |                 |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Number Street  Number Street  Number Street  City State Zip Code   Tip Code  Tip State Zip Code   State Zip Code  City State Zip Code  | Par  | 10:                     | Give Details About Environmental In                  | formation         |                       |                    |  |                 |
| hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  **Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Number Street  Number Street  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  City State Xip Code  Environmental law, if you know it  Name of site  Governmental unit  Finite details.  Governmental unit  Environmental law, if you know it  Date of notice of notice and proceedings.  | For  | the p                   | urpose of Part 10, the following definitions apply:  |                   |                       |                    |  |                 |
| or used to own, operate, or utilize it, including disposal sites.  # Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No   |      | ha                      | azardous or toxic substances, wastes, or material in | nto the air, land | , soil, surface wa    | ater, groundwater, |  |                 |
| toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No  |      |                         |  |                   | vironmental law,      | whether you now    | own, operate, or utilize it                |                 |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No   |      |                         |  |                   |                       | aste, hazardous s  | substance,                                 |                 |
| No   Yes. Fill in the details.   Governmental unit   Environmental law, if you know it   Date of notice   Number Street   Number Street   City State Zip Code   City State Zip Code   State Sip Code   City State Sip Code   | Re   | oort al                 | I notices, releases, and proceedings that you know   | about, regardle   | ess of when they      | occurred.          |  |                 |
| No   Yes. Fill in the details.   Governmental unit   Environmental law, if you know it   Date of notice   Number Street   Number Street   City State Zip Code   City State Zip Code   State Sip Code   City State Sip Code   | 24.  | Has                     | any governmental unit notified you that you n        | nav be liable o   | or potentially lia    | able under or in   | violation of an environmental law?         |                 |
| Name of site   Governmental unit   Governmental unit   Street   Governmental unit   Number Street   City State Zip Code   City State Zip Code   State Zip Code   City State Zi   |      | <u> </u>                | No   | ,                 | , , , , , ,           |                    |  |                 |
| Name of site    Number Street  |      | Ц                       | res. Fill in the details.                            | Governmer         | ntal unit             |                    | Environmental law, if you know it          | Date of notice  |
| Number Street  City State Zip Code  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Governmental unit  Governmental unit  Governmental unit  Governmental unit  Governmental unit  Finvironmental law, if you know it  Date of notice   |      |                         | Name of site   | Cavarament        | al . mit              |                    | -  |                 |
| City State Zip Code  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit Finvironmental law, if you know it Oate of notice  Rame of site  Governmental unit  |      |                         |  |                   |                       |                    | -  |                 |
| City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Finvironmental law, if you know it  Oate of notice  Name of site  Governmental unit   |      |                         | Number Street  | Number Str        | eet                   |                    |  |                 |
| 25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Name of site  Governmental unit   |      |                         |  | City              | State                 | Zip Code           | -  |                 |
| No Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of notice  Name of site  Governmental unit  |      |                         | City State Zip Code                                  | _                 |                       |                    |  |                 |
| Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Name of site  Governmental unit  Date of notice   | 25.  | Have                    | e you notified any governmental unit of any re       | elease of haza    | rdous material        | ?                  |  |                 |
| Name of site  Governmental unit  Governmental unit  Environmental law, if you know it  Date of notice  |      | $\overline{\mathbf{A}}$ |  |                   |                       |                    |  |                 |
| Name of site Governmental unit   |      | Ц                       | Yes. Fill in the details.                            | Governmer         | ntal unit             |                    | Environmental law if you know it           | Date of notice  |
|  |      |                         |  |                   |                       |                    | - Living in an in a special control in     |                 |
| Number Street Number Street  |      |                         | Name of site   | Government        | al unit               |                    | _  |                 |
|  |      |                         | Number Street  | Number Str        | eet                   |                    |  |                 |
| City State Zip Code  |      |                         |  | City              | State                 | Zip Code           | -  |                 |
| City State Zip Code  |      |                         | City State Zip Code                                  | _                 |                       |                    |  |                 |

| Debto         | r 1      | Ebony Case 16-0464 First Name                          | 5 Doc 1 Middle Name       |                                 | <u>Entered</u>       | h16 /113 i54:46 D         | esc Main                                       |
|---------------|----------|--|---------------------------|---------------------------------|----------------------|---------------------------|--|
| 26. I         | lav      | e you been a party in any jud                          | dicial or administra      | tive proceeding under an        | y environmental law  | ? Include settlements and | d orders.                                      |
| [             | <b>✓</b> | No   |                           |                                 |                      |                           |  |
| [             |          | Yes. Fill in the details.                              |                           | Court or organis                |                      | Notice of the coop        | Status of the                                  |
|               |          |  |                           | Court or agency                 |                      | Nature of the case        | Status of the case                             |
|               |          | Case title   |                           |                                 |                      |                           | Pending  |
|               |          |  |                           | Court Name                      |                      |                           | On appeal                                      |
|               |          |  |                           | Number Street                   |                      |                           | Concluded                                      |
|               |          | Case number  |                           | City State                      | Zip Code             |                           |  |
| Part 1        | 1.       | Give Details About You                                 | ır Rusiness or            |                                 | ·                    |                           |  |
|               |          |  |                           |                                 |                      |                           |  |
| <b>27</b> . \ | Vitl     | nin 4 years before you filed f                         | or bankruptcy, did y      | you own a business or ha        | ve any of the follow | ing connections to any bu | usiness?                                       |
|               |          | <u> </u>   |                           | profession, or other activity,  | •                    | time                      |  |
|               |          | A member of a limited lial  A partner in a partnership |                           | or limited liability partnershi | p (LLP)              |                           |  |
|               |          | An officer, director, or ma                            |                           | a corporation                   |                      |                           |  |
|               |          | An owner of at least 5% of                             | of the voting or equity   | securities of a corporation     |                      |                           |  |
|               | <b>✓</b> | No. None of the above applies.                         |                           | halou for each business         |                      |                           |  |
| ı             | _        | Yes. Check all that apply above                        | e and illi in the details | Describe the natur              | e of the business    | Employer Identi           | fication number Do not                         |
|               |          |  |                           |                                 |                      |                           | ecurity number or ITIN.                        |
|               |          | Business Name  |                           |                                 |                      | EIN:                      |  |
|               |          | Number Street  |                           |                                 |                      | Dates business            | existed  |
|               |          |  |                           | Name of accounta                | nt or bookkeeper     | France                    | т.   |
|               |          | City State   | Zip Code                  |                                 |                      | From                      | _То  |
|               |          |  |                           |                                 |                      |                           |  |
|               |          |  |                           | Describe the natur              | e of the business    |                           | fication number Do not ecurity number or ITIN. |
|               |          | Business Name  |                           |                                 |                      | EIN:                      |  |
|               |          | Number Street  |                           | Name of accounts                | ut ou b o aldreau au | Dates business            | existed  |
|               |          | 0:1  | 7: 0: 1:                  | Name of accounta                | nt or bookkeeper     | From                      | To   |
|               |          | City State   | Zip Code                  |                                 |                      | 110111                    | _ 10   |
|               |          |  |                           |                                 |                      |                           |  |
|               |          |  |                           | Describe the natur              | e of the business    |                           | fication number Do not ecurity number or ITIN. |
|               |          |  |                           |                                 |                      | EIN:                      |  |
|               |          | Business Name  |                           |                                 |                      |                           |  |
|               |          | Number Street  |                           | Name of accounta                | nt or bookkeeper     | Dates business            | existed  |
|               |          | City State   | Zip Code                  |                                 |                      | From                      | _To  |
|               |          |  |                           |                                 |                      |                           |  |
|               |          |  |                           |                                 |                      |                           |  |

| Debto  |   | <u>ed 02/115/16 Entered</u> 02/115/116 /113/54: <u>46 Desc Main</u><br>ocume:11tm Page 51 of 66   | — |
|--------|---|---|---|
|        |   | give a financial statement to anyone about your business? Include all financial institutions,   |   |
| [<br>] | No Yes. Fill in the details below.                          |   |   |
| •      | _   | Date issued   |   |
|        | Name  | MM/DD/YYYY  |   |
|        | Number Street   | _   |   |
|        | City State Zip Code   | _   |   |
| Part 1 | 2: Sign Below   |   |   |
| ar     | nd correct. I understand that making a false statement, or  | Affairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a prisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |
|        | /s/ Ebony Holiday   | <b>x</b>  |   |
|        | Signature of Debtor 1                                       | Signature of Debtor 2   |   |
|        | Date 2/15/2016  | Date 2/15/2016  |   |
| Di     | id you attach additional pages to Your Statement of Finance | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |   |
|        | No<br>Yes   |   |   |
| Di     | <br>id you pay or agree to pay someone who is not an attorr | ney to help you fill out bankruptcy forms?  |   |
| V      | No  |   |   |
|        | Yes. Name of person   | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |   |

|                        | Case 16-0464               | 5 Doc 1 Filed  | 02/15/16 Enter       | ed 02/15/16 13:54:46 | Desc Main                          |
|------------------------|----------------------------|----------------|----------------------|----------------------|------------------------------------|
| Fill in this informa   | ation to identify your cas |                |                      | 0/10/10/10           | Description 1                      |
| Debtor 1               | Ebony                      |                | Holiday              |                      |                                    |
|                        | First Name                 | Middle Name    | Last Name            |                      |                                    |
| Debtor 2               |                            |                |                      |                      |                                    |
| (Spouse, if filing)    | First Name                 | Middle Name    | Last Name            |                      |                                    |
| United States Ba       | ankruptcy Court for the:   | Northern       | District of Illinois |                      |                                    |
|                        |                            |                | (State)              |                      |                                    |
| Case number (If known) |                            |                |                      |                      |                                    |
| ,                      |                            |                |                      |                      |                                    |
| Official F             | Form 108                   | on for Individ | uolo Filina Un       | nder Chapter 7       | Check if this is an amended filing |

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? No. Creditor's Surrender the property. name: Progressive Financial Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Furniture | Value: \$1,000.00 Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Surrender the property. No. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

|                  | Case 16-04645                            | Doc 1                            | Filed 02/15/16<br>Document<br>ne Document<br>ne Last Nam | Entered 02/1<br>Page 53 of 66 | 5/16 13:54:46<br>e number (ii | Desc Main  |
|------------------|--|----------------------------------|--|-------------------------------|-------------------------------|--|
| 1<br>Part 2:     | First Name<br>List Your Unexpired Pers   |                                  |  | ie <sup>G</sup> knōwī         | n)                            |  |
| For any informat | unexpired personal property le           | ase that you li<br>e leases. Une | isted in Schedule G: Exe<br>xpired leases are leases     | that are still in effect;     |                               | icial Form 106G), fill in the<br>ot yet ended. You may assume an |
| Desc             | cribe your unexpired personal p          | property lease                   | s  |                               | Will the leas                 | se be assumed?   |
| Less             | or's name: Holiday, Ebony                |                                  |  |                               | ☐ No<br>✓ Yes                 |  |
|                  | cription of leased<br>erty: Rental Lease |                                  |  |                               |                               |  |
| Less             | or's name:                               |                                  |  |                               | No Yes                        |  |
| Desc<br>prope    | cription of leased<br>erty:              |                                  |  |                               |                               |  |
| Less             | or's name:                               |                                  |  |                               | No Yes                        |  |
| Desc<br>prope    | cription of leased<br>erty:              |                                  |  |                               |                               |  |
| Less             | or's name:                               |                                  |  |                               | No Yes                        |  |
| Desc<br>prope    | cription of leased<br>erty:              |                                  |  |                               |                               |  |
| Less             | or's name:                               |                                  |  |                               | No Yes                        |  |
| Desc             | cription of leased<br>erty:              |                                  |  |                               |                               |  |
| Less             | or's name:                               |                                  |  |                               | No Yes                        |  |
| Desc             | cription of leased<br>erty:              |                                  |  |                               |                               |  |
| Less             | or's name:                               |                                  |  |                               | No Yes                        |  |
| Desc             | cription of leased<br>erty:              |                                  |  |                               |                               |  |
| Part 3:          | Sign Below                               |                                  |  |                               |                               |  |

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

| 🗶 /s/ Ebony Holiday                 | ×                                   |
|-------------------------------------|-------------------------------------|
| Signature of Debtor 1               | Signature of Debtor 1               |
| Date <u>2/15/2016</u><br>MM/DD/YYYY | Date <u>2/15/2016</u><br>MM/DD/YYYY |

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### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| n re | Ebony Holiday ;   |  | Case No.  |                                       |
|------|---|--|---|---------------------------------------|
| _    | Debtor  |  |   | (If known)                            |
|      |   |  | Chapter   | Chapter 7                             |
| 1    | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bar year before the filing of the petition in bankru                      | nkr. P. 2016(b), I certify that I am the ptcy, or agreed to be paid to me, for | ON OF ATTORNEY FOR D attorney for the abovenamed debtor(s) and th services rendered or to be rendered on behavior | at compensation paid to me within one |
|      | in connection with the bankruptcy case is as  | s follows:   |   | 04.050.00                             |
|      | For legal services, I have agreed to accept   |  |   | \$1,250.00                            |
|      | Prior to the filing of this statement I have rec  | eived  |   | \$0.00                                |
|      | Balance Due   |  |   | \$1,250.00                            |
| 2    | . The source of the compensation paid to me v   | was: Other (specify)   |   |                                       |
| 3    | . The source of the compensation paid to me   | Other (specify)  |   |                                       |
| 4    | I have not agreed to share the above-dimembers and associates of my law firm  | sclosed compensation with any othen.   | er person unless they are   |                                       |
|      | I have agreed to share the above-disclomembers or associates of my law firm. the people sharing in the compensation | A copy of the agreement, together w  |   |                                       |
| 5    | . In return for the above-disclosed fee, I have a. Analysis of the debtor's financial sit                           |  | Il aspects of the bankruptcy case, including:<br>debtor in determining whether to file a petition                 | n in bankruptcy;                      |
|      | b. Preparation and filing of any petition   | n, schedules, statements of affairs a  | nd plan which may be required;  |                                       |
|      | c. Representation of the debtor at the  | meeting of creditors and confirmation  | on hearing, and any adjourned hearings there  | eof;                                  |
| 6    | . By agreement with the debtor(s), the above-   | disclosed fee does not include the fo  | ollowing services:  |                                       |
|      |   | CERTIFIC   | CATION  |                                       |
|      | I certify that the foregoing is a complete statem seedings.   | ent of any agreement or arrangeme  | ent for payment to me for representation of the   | e debtor(s) in this bankruptcy        |
|      | 2/15/2016   |  | /s/ Brenda Likavec 27224-64   |                                       |
|      | Date  |  | Signature of Attorney   |                                       |
|      |   |  | Semrad Law Firm   |                                       |
|      |   |  | Name of law firm  |                                       |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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Page 56 of 66 your income is more than the median income for your state of residence and family size, depending on the results of the Means Test, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

> If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| In re: | Holiday, Ebony ;                             | Case No  |                |
|--------|--|--|----------------|
| _      | Debtor(s)                                    |  |                |
|        |  | Chapter. Chapter7  |                |
|        | VERIFICA                                     | TION OF CREDITOR MATRIX  |                |
|        | The above named Debtors hereby verify that t | ne attached list of creditors is true and correct to the best of the | neir knowledge |
|        |  |  |                |
| Date:  | 2/15/2016                                    | /s/ Holiday, Ebony   |                |
|        |  | Holiday, Ebony<br>Signature of Debtor                                |                |
|        |  |  |                |
|        |  | /s/  |                |
|        |  | Signature of Joint Debtor  |                |

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RENT RECOVER 220 Gerry Drive Wood Dale , IL 60191

JVDB ASC PO Box 5718 Elgin , IL 60121

PORTFOLIO RECOVERY ASS 120 CORPORATE BLVD STE 1 NORFOLK , VA 23502

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601

PORTFOLIO RECOVERY ASS 120 CORPORATE BLVD STE 1 NORFOLK, VA 23502

PORTFOLIO RECOVERY ASS 120 CORPORATE BLVD STE 1 NORFOLK, VA 23502

SW CRDT SYS 2629 DICKERSON PK CARROLLTON, TX 75007

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD # 700 Chicago , IL 60606

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN 55164

Progressive Financial 10412 S Cicero Ave Oak Lawn , IL 60453

CHASE AUTO P.O. BOX 901003 CREDIT BUREAU DISP FORT WORTH , TX 76101

Harold Washington College 30 East Lake Street Chicago , IL 60601

Sir Finance 6140 N. Lincoln Chicago , IL 60659

Illinois Lending 408 N. Wells Chicago , IL 60610

| First Name  | Middle Name DOCUN   | hentre Page 61 of 66   |  |
|---|---|--|--|
| Part 6: Answer These Qu   | uestions for Reporting Purpose  | •  |  |
| 16. What kind of debts<br>do you have?  | as "incurred by an individ<br>No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily obtain money for a busine investment.  No. Go to line 16c.  Yes. Go to line 17.   | y consumer debts? Consumer debtual primarily for a personal, family, y business debts? Business debts ess or investment or through the open owe that are not consumer debts  | are debts that you incurred to peration of the business or   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be available  No. Yes. e   |  | y is excluded and administrative expenses are  |
| 18. How many creditors do you estimate that you owe?  | ☑ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   |   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| 20. How much do you estimate your liabilities to be?  |   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| Part 7: Sign Below  |   |  |  |
| For you   | and correct.  If I have chosen to file under Correct or 13 of title 11, United States Correct under Chapter 7.  If no attorney represents me and fill out this document, I have oblive I request relief in accordance will understand making a false state. | hapter 7, I am aware that I may proceed. I understand the relief available of I did not pay or agree to pay son stained and read the notice required with the chapter of title 11, United Statement, concealing property, or obtained and result in fines up to \$250,0 to 1519, and 3571. | ates Code, specified in this petition. taining money or property by fraud in 00, or imprisonment for up to 20 years, re of Debtor 2  |
|   | MM / DD /   |  | MM / DD / YYYY  A strict for the contraction of local contraction (all post post parts are stated as the contract of the contr |
|   |   |  |  |

Debtor 1 Ebony Case 16-04645 Doc 1 Filed 02/115/16 Entered 02/15/16 13:54:46 Desc Main

Case 16-04645 Doc 1 Filed 02/15/16 Entered 02/15/16 13:54:46 Desc Main Fill in this information to identify your case: Debtor 1 Holiday Ebony First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name District of Illinois United States Bankruptcy Court for the: Northern (State) Case number (If known) Check if this is an Official Form 106Dec amended filing **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Part 1: Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? **✓** No Attach Bankruptcy Petition Preparer's Notice, Declaration, and Yes. Name of person Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. /s/ Ebony Holiday Signature of Debtor 2 Signature of Debtor 1 Date 2/15/2016 MM/DD/YYYY MM/DD/YYYY

|          | Ebony Case 16-04 First Name  | 645 Doc 1  Middle Name  | Filed 02/1,5/16<br>Document          | Entered 02/15/16/13:54:46<br>Page 63 of 66  | 6 Desc Main  |
|----------|--|---|--------------------------------------|---|--|
|          | hin 2 years before you file<br>litors, or other parties.   | ed for bankruptcy, di   | d you give a financial s             | tatement to anyone about your business?   | Include all financial institutions,                              |
|          | No<br>Yes. Fill in the details below   | v.  |                                      |   |  |
|          |  |   | Date issued                          |   |  |
|          | Name   |   | MM/DD/YYYY                           | 4-7-4-1-1-1-1-1   |  |
|          | Number Street  |   |                                      |   |  |
|          | City Stat  | te Zip Cod  | de                                   |   |  |
| Part 12: | Sign Below   |   |                                      |   |  |
|          |  |   | i <i>iviai miiaii</i> 5 aliu aliy au | achments, and I declare under penalty of p  | reliary that the anomero are nuc                                 |
|          |  |   |                                      | erty, or obtaining money or property by fra   | ud in connection with a  |
|          | ruptcy case can result in fi   | fines up to \$250,000,<br>bliday  |                                      | to 20 years, or both. 18 U.S.C. §§ 152, 134   | ud in connection with a  |
|          | ruptcy case can result in fi   | fines up to \$250,000,<br>Oliday<br>Debtor 1                                |                                      | to 20 years, or both. 18 U.S.C. §§ 152, 134   | ud in connection with a  |
| bankı    | ruptcy case can result in fi  /s/ Ebony H  Signature of D  Date 2/15/20  | fines up to \$250,000,<br>foliday<br>Debtor 1                               | or imprisonment for up               | to 20 years, or both. 18 U.S.C. §§ 152, 134   | aud in connection with a<br>1, 1519, and 3571.                   |
| Did y    | ruptcy case can result in fi  /s/ Ebony H  Signature of D  Date 2/15/20  | fines up to \$250,000,<br>foliday<br>Debtor 1                               | or imprisonment for up               | sto 20 years, or both. 18 U.S.C. §§ 152, 134°  Signature of Debtor 2  Date 2/15/2016  | aud in connection with a<br>1, 1519, and 3571.                   |
| Did yo   | ruptcy case can result in find the second se | fines up to \$250,000,<br>foliday<br>Debtor 1<br>116<br>es to Your Statemen | t of Financial Affairs for           | Signature of Debtor 2  Date 2/15/2016  r Individuals Filing for Bankruptcy (Official) | aud in connection with a<br>1, 1519, and 3571.                   |
| Did yo   | ruptcy case can result in find the second se | fines up to \$250,000,<br>foliday<br>Debtor 1<br>116<br>es to Your Statemen | t of Financial Affairs for           | Signature of Debtor 2  Date 2/15/2016  r Individuals Filing for Bankruptcy (Official) | aud in connection with a<br>1, 1519, and 3571.                   |
| Did you  | ruptcy case can result in fi  /s/ Ebony H Signature of D  Date 2/15/20  ou attach additional page No /es   | fines up to \$250,000,<br>foliday<br>Debtor 1<br>116<br>es to Your Statemen | t of Financial Affairs for           | Signature of Debtor 2  Date 2/15/2016  r Individuals Filing for Bankruptcy (Official) | aud in connection with a 1, 1519, and 3571.  Illipian form 107)? |
| Did you  | ruptcy case can result in find the second se | fines up to \$250,000,<br>foliday<br>Debtor 1<br>116<br>es to Your Statemen | t of Financial Affairs for           | Signature of Debtor 2  Date 2/15/2016  r Individuals Filing for Bankruptcy (Official  | and in connection with a 1, 1519, and 3571.  If Form 107)?       |

| Debtor        | Case 16-04645  | Doc 1 F  | iled 02/15/16<br>Documeliday   | Entered (   | 02/15/16 :<br>Fase numbe  | 13:54:46<br>er <i>(if</i> | Desc Main                 |                |
|---------------|--|--|--|---|---|---------------------------|---------------------------|----------------|
| 1             | First Name   | Middle Name  | Last Name  | e aye ou  | known)  |                           |                           |                |
| art 2:        | List Your Unexpired Pers   | onal Property  | Leases   |   |   |                           |                           |                |
| informat      | unexpired personal property le<br>tion below. Do not list real estat<br>ed personal property lease if th | e leases. Unexpire   | ed leases are leases tl  | hat are still in el   |   |                           |                           | n              |
| Des           | cribe your unexpired personal p  | roperty leases   |  |   |   | Will the leas             | e be assumed?             |                |
| Less          | sor's name: Holiday, Ebony   |  |  | «(-e/-/ -) V  | v vs /B .   | ☐ No<br>✓ Yes             |                           |                |
|               | cription of leased<br>erty: Rental Lease   |  |  |   |   |                           |                           |                |
| Less          | or's name:   |  | g 1890 w   | ****  | v.  | No<br>Yes                 |                           | **             |
| Desc<br>prop  | cription of leased<br>erty:  |  |  |   |   |                           |                           |                |
| Less          | or's name:   |  |  |   |   | ☐ No<br>☐ Yes             | ~                         |                |
| Desc<br>prop  | cription of leased<br>erty:  |  |  |   |   |                           |                           |                |
| Less          | or's name:   | ng ang ngantaran sa ang ng malang ng mga ng mga<br>Mga ng mga n |  |   |   | No<br>Yes                 |                           |                |
| Desc          | cription of leased<br>erty:  |  |  |   | harri e e e kala e mili de de manero e de harri de la del mili e e de dell'estate dell'estate dell'estate dell' |                           |                           | 500 × 11275.75 |
| Less          | or's name:   | ,  |  |   | **  | No<br>Yes                 |                           |                |
| Desc<br>prope | cription of leased<br>erty:  |  |  |   |   |                           |                           |                |
| Less          | or's name:   | Na 1864 na Na Nasan (sa 1888) na 1888  | ALLEY MA. ALLEY WITHOUT PLY 1 & 1 A CAPACITY OF A MANAGEMENT AND A MANAGEM | enementus kai ali amus aska susta aska katelok susta aska katelok susta aska katelok susta aska katelok susta | -23 € V V skill W discrimed#h hirldW binnahd Frinch   | ☐ No<br>☐ Yes             |                           |                |
| Desc<br>prope | cription of leased<br>erty:  |  |  |   |   |                           |                           |                |
| Less          | or's name:   |  |  |   |   | No Yes                    |                           | AA-THOU        |
| Desc<br>prope | cription of leased<br>erty:  |  |  |   |   |                           |                           |                |
| art 3:        | Sign Below   |  |  |   |   |                           |                           |                |
|               | r penalty of perjury, I declare the<br>subject to an unexpired lease                                     |  | my intention about a   | ny property of  | ny estate that  | secures a debt            | and any personal property |                |
|               | phature of Debtor 1  | <del></del>  |  | Signature of  | Debtor 1  |                           |                           |                |
| _             | te <b>2/15/2016</b><br>MM/DD/YYYY  |  |  | Date <b>2/15/2</b>  |   |                           |                           |                |

# Case 16-04645 Doc 1 Filed 02/15/16 Entered 02/15/16 13:54:46 Desc Main UNITED STATES BANKEUBTOY GOURT Northern District of Illinois

| In re: | Holiday, Ebony ; | Case No  |        |
|--------|------------------|--|--------|
|        | Debtor(s)        |  |        |
|        |                  | Chapter. Chapter7  |        |
|        |                  | TION OF CREDITOR MATRIX he attached list of creditors is true and correct to the best of their known | wledge |
| Date:  | 2/15/2016        | /s/ Holiday, Ebeny Holiday, Ebony Signature of Debtor  |        |
|        |                  | /s/<br>Signature of Joint Debtor   |        |

| Debtor 1  | Ebony Case 16-04645  |                                       | Filed 02/15/16   | Entered         | 02/15/16 43.5                          | 4: <u>46 Desc Ma</u>                   | ain            |
|---|--|---------------------------------------|--|-----------------|--|--|----------------|
|   | First Name   | Middle Name                           | Document the   | Page 66         |  |  |                |
|   |  |                                       |  |                 | Column A<br>Debtor 1                   | Column B Debtor 2 or non-filing spouse |                |
| 8. Unemployment compensation  |  |                                       |  | 4               | \$0.00                                 | \$0.00                                 |                |
| Do no<br>Socia  | ot enter the amount if you contend t<br>al Security Act. Instead, list it here:  | that the amount re                    | eceived was a benefit unde   | er the          |  |  |                |
| For y   |  |                                       | \$0.00   |                 |  |  |                |
| -   | our spouse   |                                       | <u>\$0.00</u>  |                 |  |  |                |
|   | ion or retirement income. Do no<br>it under the Social Security Act.   | ot include any am                     | ount received that was a   |                 | \$0.00                                 | \$0.00                                 |                |
| Do no<br>receiv   | me from all other sources not<br>tinclude any benefits received un<br>red as a victim of a war crime, a cr<br>stic terrorism. If necessary, list oth<br>elow.  | der the Social Se<br>rime against hum | curity Act or payments<br>anity, or international or   |                 |  |  |                |
| <del></del>   |  |                                       |  |                 |  |  |                |
| Total a   | amounts from separate pages, if a  | iny.                                  |  |                 | +\$0.00                                | +\$0.00                                |                |
|   |  |                                       |  |                 |  | _                                      | ]= []          |
|   | culate your total current monthlumn. Then add the total for Column   |                                       |  |                 | \$2,906.00                             | \$2,000.00                             | \$4,906.00     |
| 5510  | and the court of column  |                                       |  | ı               |  |  | Total current  |
|   |  |                                       |  |                 |  |  | monthly income |
| Part 2:   | Determine Whether the M  | leans Test A                          | pplies to You  |                 |  |  |                |
|   | late your current monthly inco   |                                       |  |                 |  |  |                |
| 12a. C  | Copy your total current monthly inc  | ome from line 11.                     |  |                 | Copy I                                 | ine 11 here →                          | \$4,906.00     |
|   | Multiply by 12 (the number of months in a year).   |                                       |  |                 |  |  | X 12           |
|   | The result is your annual income for   |                                       | form.  |                 |  | 12b.                                   | \$58,872.00    |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                       |  |                 |  |  | 400,012.00     |
| 13 Calcu  | late the median family income  | that applies to y                     | ou. Follow these steps:  |                 |  |  |                |
| <b></b>   | de e et et e Constitut e e e Porte   | -                                     | Illinois   |                 |  |  |                |
| FIII IN 1   | the state in which you live.   | 1                                     | anning mining managaran kanada rakara kara kara kara da da kara da kara da kara da kara da kara da kara da kar<br>Tangan da kara |                 |  |  | •              |
| Fill in t   | the number of people in your hous  | ehold.                                | 3  |                 |  |  |                |
| Fill in t   | Fill in the median family income for your state and size of household.   |                                       |  |                 |  |  |                |
| instruc   | To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  4. How do the lines compare? |                                       |  |                 |  |  |                |
| 14a.  | Line 12b is less than or equal to<br>Go to Part 3.   | o line 13. On the                     | top of page 1, check box 1   | , There is no p | resumption of abuse.                   |  |                |
| 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  Go to Part 3 and fill out Form 122A-2. |  |                                       |  |                 |  |  |                |
| Part 3:   | Sign Below   |                                       |  |                 |  |  |                |
|   |  |                                       |  |                 | · · · · · · · · · · · · · · · · · · ·  |  |                |
| By si   | gning here, I declare under penalt   | y of perjury that th                  | ne information on this state   | ement and in a  | ny attachments is true an              | d correct.                             |                |
|   | 50 .0.   |                                       |  |                 |  |  |                |
|   | Zeonstol   | da                                    |  |                 |  |  |                |
| 🗴 /s/ Ebony Holiday 🔭 🔭   |  |                                       |  |                 | ······································ |  | _              |
| S   | Signature of Debtor 1 Sign   |                                       |  |                 | of Debtor 2                            |  |                |
| г   | Date 2/15/2016   |                                       |  | Date            |  |  |                |
| i.  | MM/DD/YYYY   |                                       |  |                 | M/DD/YYYY                              |  |                |
|   |  |                                       |  | ····            |  |  |                |
|   | ou checked line 14a, do NOT fill o<br>ou checked line 14b, fill out Form   |                                       |  |                 |  |  |                |
|   |  |                                       |  |                 |  |  |                |